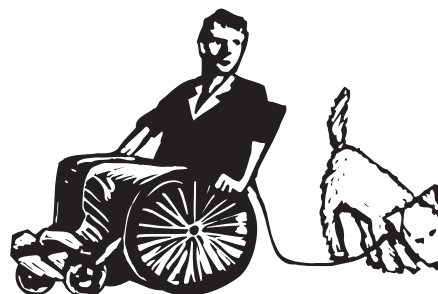


Straight Talk on Texas HMOs

THCIC
Choosing Well

✓ HEDIS 3.0 1998
Texas Subset



Texas Health Care Information Council

In 1995, the Texas Legislature created the Texas Health Care Information Council (THCIC or “The Council”) to provide Texans with objective information to help them make *informed* choices regarding their health care options. THCIC has one simple purpose: to help Texans get the most current, objective information on Texas health care providers.

The Texas Health Care Information Council has begun the process of establishing systems to collect information about the quality and cost of health care in Texas. The 19-member THCIC includes a health maintenance organization (HMO) industry representative, and several physician and hospital representatives with ties to the industry. A subcommittee of the Council, the Non-Hospital Data and Extended Information Plan Committee, provides policy oversight regarding collection of data from HMOs. The HMO Technical Advisory Committee, which includes additional representatives of HMOs, provides guidance to THCIC regarding data collection, rules, and procedures. These committees have worked with Texas industry and consumers to help design a data collection system that provides information for making fair comparisons between HMOs. The cooperation and contributions of the HMOs in Texas to this process has been outstanding.

THCIC’s enabling legislation found in Chapter 108 of the Texas Health and Safety Code, specifically mandates THCIC to collect from Texas HMOs the Health Plan Employers Data and Information Set (HEDIS) on an annual basis. Texas law requires that HEDIS data be audited by independent licensed auditors prior to submitting the data to THCIC. The Texas Administrative Rule current for this report was published in the Texas Register on July 8, 1997. Both the statute and the rules can be found on the THCIC web site at www.thcic.state.tx.us.

*In September 1998, THCIC produced reports targeting consumers, **Your HMO Quality Checkup**, providing information about HMOs in seven regions covering Texas. In the spring of 1999 THCIC will publish reports on HEDIS measures for HMOs serving Medicaid and Medicare populations.*

The Texas Health Care Information Council (THCIC) and HMOs in Texas worked with assistance from the Bureau of State Health Data and Policy Analysis of the Texas Department of Health State to produce ***Straight Talk on Texas HMOs***, along with its consumer-targeted companion piece, ***Your HMO Quality Check-Up***. The purpose of these reports is to encourage informed decision making among consumers and purchasers of health care in Texas and to promote access to high quality and cost-effective health care for all Texans.

About this report

Straight Talk on Texas HMOs is a decision support tool designed to aid those who wish to understand subtle distinctions in the performance of Texas Health Maintenance Organizations (HMOs) serving commercial populations (individuals not covered by Medicare or Medicaid). We were particularly interested in assisting employers in making decisions about which HMO plan will best serve their employees. This report contains information on the quality of care provided by each of the basic service health maintenance organizations (HMOs) doing business in Texas in 1997. In this first reporting year, all 28 licensed Texas HMOs participated by submitting reports for 52 service¹ area divisions.

The availability of this information represents a significant milestone in Texas. With the publication of this report, Texas joins ranks with the growing number of states able to provide their residents with objective, reliable information to aid in making health plan purchases. Purchasers now have information about the performance of Texas HMOs using nationally recognized quality standards that can be used to compare differences among health plans. This information is impartial, reliable, and provides the means for Texas HMOs to compete based on their ability to deliver high quality medical care rather than primarily on the cost of delivering that care. We believe that ultimately this type of competition will improve the health of Texans.

Growth of managed care in Texas

HMOs are the most common form of managed health care system. HMOs were created as a way to contain, if not reduce, spiraling health care costs. Nationally, HMOs appear to be working to slow the growth in costs of both hospital and physician services² and are the least expensive plan type for employers to purchase.³ HMOs provide a wide range of health services and preventive care through networks of doctors, hospitals, clinics, pharmacies, and other providers. HMOs coordinate the services of its network providers and monitor the quality of care its members receive allowing physicians to focus on delivering medical care, while the HMO focuses on the business end of practicing medicine. Generally, individuals (and/or their employers) pay a monthly fee (called a premium) for membership in a HMO. HMO members also pay a small per-use fee (called a co-pay) for health care services such as doctors' office visits, emergency care, and prescriptions.

In 1995, 12 percent of the Texas population was enrolled in a basic service HMO. In 1998 the Texas Department of Insurance (TDI) shows that this figure increased to 20 percent (this figure does not include Texans with Medicare, nor does it include Texans covered by self-insured plans not regulated by the Texas Department of Insurance). TDI data indicate a 70 percent increase in HMO enrollment over the last three years.

¹ HMOs define the areas in which they will provide services when they file with the Texas Department of Insurance. A service area may be as small as one or two counties or may include over a hundred counties.

² **Health Insurance Regulation in Texas: The Impact of Mandated Health Benefits**, Texas Department of Insurance, December 1998. p. 13.

³ Ibid, pg. 15.

Health Plan Employer Data and Information Set (HEDIS)

The Health Plan Employer Data and Information Set (HEDIS) is standardized performance measures that have been developed and sponsored by the National Committee for Quality Assurance (NCQA) for assessing managed care organizations.⁴ Adopted throughout the country, this measurement system is used to assess the quality of care provided through HMOs. Beginning in 1999, HEDIS results will be considered when HMOs undergo NCQA review for accreditation.

NCQA groups HEDIS measures into “domains” including

- effectiveness of care
- member satisfaction
- use of services
- access/availability of care
- health plan stability
- health plan descriptors.

Many of the performance measures are related to significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes. A standardized member satisfaction survey is also included as part of HEDIS. This allows the inclusion of consumer response to HMO management satisfaction as an essential component of quality.⁵

Measures contained in ***Straight Talk*** are a subset of the HEDIS 3.0/1998 measures and were adopted by THCIC action on September 30, 1997. Health plans were required to submit data for calendar year 1997 by July 1, 1998. In selecting measures to collect, the Council weighed their relevance to consumers and purchasers, their meaningfulness as indicators of health plan performance, their ability to address a cross section of health concerns, and the feasibility that health plans would be able to report on these measures during the first year of THCIC HEDIS data collection.

To ensure data integrity, HEDIS submissions are required to be independently audited by an NCQA-certified auditor.⁶ Reported values which do not meet NCQA/HEDIS Compliance Audit standards are shown as a not reported (NR) in ***Straight Talk***.

Information from NCQA's accreditation program, in combination with HEDIS data, permits consumers, employers, and health care professionals to better assess the performance of competing health plans based on reliable quality measures.

⁴ NCQA is a private, non-profit organization that develops measurement standards, accredits HMOs, and encourages managed care plans to compete based on quality and value.

⁵ In 1998, the Texas Office of Public Insurance Counsel administered an independent **Consumer Assessment of Health Plans Survey** (CAHPS) to a sample of members from the 20 largest HMOs in Texas. The results of this survey are available from OPIC (512) 322-4143 or can be downloaded from their web site (www.opic.state.tx.us)

⁶ A listing of NCQA-licensed audit organizations used by Texas HMOs for this reporting cycle is in the Appendix of this report.

Making use of *Straight Talk*

Although similar reports in other states score or rank plans to indicate which is the best, the Council believes that these report cards over-simplify the process of choosing a health plan. It is important that purchasers of health care plans understand that each individual and/or family has different health care needs. The services offered by one plan, for example, may fit the needs of a young growing family best, while the needs of an older couple may best be met by a different HMO. It is necessary to match a family's needs for care with the plan that delivers these services best. THCIC believes that scoring and/or ranking of health plans does not encourage careful scrutiny on the part of purchasers or consumers.

Straight Talk on Texas HMOs contains information on most of the HEDIS measures collected by THCIC and is designed as a decision support tool for health plan purchasers.

Straight Talk is organized in the following manner:

- HEDIS measures are grouped into **six domains** of care.
- Each group contains a variety of measures aimed at the scope of care characterized by that **domain**.
- Within each **domain**, we have chosen the measures that best illustrate the concepts of care that the domain represents.

The measures included in this report were selected because we believe they are the most useful for identifying health plans which provide the best quality care within each domain of care.

Each measure is presented on two facing pages. The page on the readers' left gives explanatory information about the measure. The State average for the measure is also provided. In the measures related to the *Effectiveness of Care* domain, the *Healthy People 2000 Goal*⁷ and the *NCQA Quality Compass* average⁸ are provided when available. In some cases other relevant information about the measure is provided, along with instructions for the chart on the right hand page. The page on the right consists of a bar chart with the results for each HMO, reported by service area. The bars are listed in alphabetical order by HMO and service area name (usually the city from which the plan is administered).

Confidence interval lines on *Effectiveness of Care* charts are provided to help depict the reliability (or stability) of the results. Confidence intervals are a statistical tool to show how results may vary for different samples of the same population. In 95 of 100 samples of this population, the results for measures will fall between the two end lines on the confidence interval.

⁷ The *Healthy People 2000 Goals* are targets for health measures based on the accumulated experience of public health program administrators, educators, researchers, practitioners, and other knowledgeable people. The HP2000 are goals for the whole population, not just those who have health insurance.

⁸ The *Quality Compass* averages are based on the accumulated HEDIS reports submitted to NCQA in a reporting year. The plans that report to NCQA frequently are experienced with HEDIS data collection and have good outcomes. When reporting to THCIC, results must be reported unless the auditor finds a problem in the data collection process that renders the outcome invalid. When reporting to NCQA for *Quality Compass*, a plan may choose not to report a measure because it does not like the outcome.

Rates or per cents based on small numbers (less than 30) are not as reliable as those based on larger numbers of respondents. Also included on the page on the readers' right are the actual rate, the denominator for the rate, and the sampling method used by the HMO to report on this measure (Administrative records = A, or Hybrid = H)⁹.

The *Member Satisfaction Survey* domain allows a range of responses which we have summarized as a single value in order to present a simple, straight forward chart that can be used for comparing HMOs. For example, the question, "Are you satisfied with the services offered by this HMO?" has possible responses of:

- ***Very satisfied***
- ***Satisfied***
- ***Somewhat satisfied***
- Somewhat dissatisfied
- Dissatisfied
- Very dissatisfied

We have grouped all of the Satisfied responses (the responses shown in bold italics) into a single response value that helps distill the essential point of the measure. A chart for each measure uses this response category to compare the outcomes for health plans by service area.

By focusing on key measures within domains and summarizing responses, it is possible to evaluate a large amount of information about several health plans in a minimum amount of time. If more information about a particular domain is desired than is presented in the main body of the report, the appendix contains additional measures in the domain. Related measures that are in the appendix are noted on that page.

We based our assumptions about which measures to include in *Straight Talk* on the concept that health maintenance organizations are responsible for providing care that will support individuals in either protecting their health, maintaining their health, or returning to health. Selection of health plans based on these criteria will help maintain a healthy work force.

For more information about how HEDIS data are collected, consult the NCQA **HEDIS 3.0/1998 Technical Reference Manual**.

⁹ In keeping with NCQA, THCIC allow plans to use either the administrative data or the hybrid sampling methods for those measures to which these data collection methods are applicable. This allows for variations in data collection systems utilized by the HMOs.

Purchasing a health plan for your employees

Quality of services is only one of many factors involved in choosing a health maintenance organization, perhaps the most important one. When selecting health services for employees of their company, health benefits managers and purchasers have a more complex decision because the plan must respond to the needs of a wide array of employees and their dependents. This decision support tool should serve as a companion to other information you have about the health maintenance organizations under consideration. Although costs often dictate the choice of plans, we encourage you to include quality performance among the issues you consider in selecting a health plan for your employees.

THCIC recommends that employers begin the process of choosing a health plan for their organization by looking at their employees from a population perspective:

Use a demographic profile

A demographic profile of a company's employees can assist the employer to anticipate the health service needs of their employees. If many of a company's employees are young people with families, then they will require different services from those needed by employees who are generally older and more prone to chronic conditions. Keep in mind the characteristics of your employees' dependents, particularly the age ranges.

Use a profile of health conditions

If available from your current health plan, a report on the kinds of health problems treated in the past year could prove very beneficial. Conditions treated in the hospital will be quite different from those treated in the doctor's office or clinic. Reports by sex and broad age categories (e.g. ages 1 to 4, 5 to 19, 20 to 44, 45 to 64, and 65 and older) can also be very helpful in anticipating the kinds of services needed by your employees.

Consider the value of Preventive Care

The services HMOs provide that are aimed at preventing illness and early detection of disease are not just a good idea; they can save your company money. Every day lost to illness has an affect on the productivity of employees, in addition to the expense of health care coverage to both the consumer and the purchaser of HMO coverage. A healthy employee population contributes to a strong, healthy workplace. Physical examinations; prenatal care; childhood, adolescent, and adult immunizations; and breast, cervical, and prostate screening are all recommended by authorities, routinely covered by HMOs, and contribute to a healthy workforce. For assistance in ways to assess the prevention capability of a managed care organization, contact the Public Health Promotion Program at the Texas Department of Health. For assistance in developing employee wellness programs, contact the Community and Worksite Wellness Program at the Texas Department of Health. Both programs can be reached at (512) 458-7111.

Table of Contents

About This Report	ii
Straight Talk on Texas HMO	1
Effectiveness of Care Measures	3
Childhood Immunization Status	4
Adolescent Immunization Status	6
Prenatal Care in the First Trimester	8
Check-up After Delivery	10
Cervical Cancer Screening	12
Breast Cancer Screening	14
Diabetic Retinal Eye Exams	16
Follow-up After Hospitalization for Mental Illness	18
Advising Smokers to Quit	20
Access/Availability of Care	23
Availability of Primary Care Providers	24
Availability of Behavioral Health Care Providers	26
Availability of OB/GYN Providers	28
Health Plan Stability Measures	31
Annual Aggregate Disenrollment Rate	32
Turnover in Providers	34
Use of Service Measures	37
Well Child Visits in the First 15 Months of Life	38
Inpatient Utilization	40
Cesarean Section and VBAC Rates	48
Health Plan Descriptive Information	53
Accreditation	54
Board Certification and Residency Completion	56
Member Satisfaction	59
Overall Member Satisfaction	60
Plan Administration	68
Health Care	70
Health Services	72
Management	78
Tabular Appendix	85
Effectiveness of Care Measures Detailed Tables	87
Member Satisfaction Survey Detailed Tables	93
Technical Appendix	109
Methods and Statistical Issues	111
HEDIS Effectiveness of Care Technical Specification	114
HEDIS Measures	116
Health Plan Auditors	117

Straight Talk on Texas HMOs

As a guide for customers and health plan purchasers who wish to evaluate the past performance of Health Maintenance Organizations (HMOs), *Straight Talk* reports facts and member survey results about 52 different health plans that provided services in Texas from January 1 to December 31, 1997. Although many of these plans are associated with the same parent company, THCIC required a separate data submission for each service area. For example, Blue Cross Blue Shield affiliated HMOs reported separately for Austin, San Antonio, El Paso, Northeast Texas, South Texas, Southeast Texas, Southwest Texas, and West Texas. As a result, individual consumers can assess their health plan choices using information that is the most relevant to them.

To make informed decisions, consumers need data that are reliable and comparable. To ensure that these conditions are met, all measures reported in *Straight Talk* are certified by an independent NCQA licensed auditor and calculated using standardized methods. While *Straight Talk* is a valuable resource for health plan consumers, readers should know that the data presented here have limitations and should be considered only with information from other sources such as your doctor, family, and friends.

HEDIS measures reported in *Straight Talk* cover six general areas or domains related to HMO quality:

- *Effectiveness of Care* – How well does the HMO deliver preventive health services?

- Childhood Immunization Status
- Adolescent Immunization Status
- Prenatal Care in the First Trimester
- Check-Up After Delivery
- Cervical Cancer Screening
- Breast Cancer Screening
- Eye Exams for People with Diabetes
- Follow-Up After Hospitalization for Mental Illness
- Advising Smokers to Quit

- *Access/Availability of Care* – Does the HMO offer adequate choice of providers?

- Availability of Primary Care Providers
- Availability of Behavioral Health Care Providers
- Availability of Obstetrical Providers

- *Health Plan Stability* – Can the HMO recruit and retain members and providers?
 - Member Disenrollment
 - Provider Turnover
- *Use of Services* – How does the HMO allocate and manage the resources of its members and care givers?
 - Well Child Visits in the First 15 Months of Life
 - Inpatient Utilization – General Hospital/Acute Care
 - Cesarean Section Rate
 - Vaginal birth After Cesarean Section Rate (VBAC)
- *Health Plan Descriptive Information* – What are some of the basic characteristics of the HMO?
 - Accreditation/Enrollment
 - Board Certification/Residency Completion
- *Satisfaction with the Experience of Care (Member Satisfaction)* – How do current plan members rate their HMO?
 - Satisfaction with HMO
 - Improvement of HMO
 - Would Recommend HMO
 - Loyalty to HMO
 - Availability of Information
 - Ease of Choosing a Personal Physician
 - Percent of Members not Seen by a Provider
 - Visits to non-Covered Doctors
 - Service not Covered by Plan

Straight Talk is organized by these domains, with a separate chapter for each. In addition, this report includes a section providing accreditation information about Texas HMOs, a discussion on methods and statistics, and detailed technical appendices.

Results for HEDIS measures are presented graphically. Each figure displays all reportable values submitted to THCIC for a particular measure along with a state average. Effectiveness of care and member satisfaction measures also include 95% confidence intervals and a statistical test to determine if a plan's rate differs significantly from the state average.

Please note that values for some plans are not reported in *Straight Talk*. Plan results that were not certified by an NCQA licensed auditor are denoted with an “NR” (Not Reportable). Rates calculated from less than 30 denominator observations and results from surveys having a response rate of 25% or less or a sampling frame of less than 500 members received an “NA” (Not Applicable).

Effectiveness of Care Measures

The HEDIS effectiveness of care domain measures HMO success in delivering services designed to prevent the occurrence of illness or identify a medical condition in its earliest stages. By doing so, the patient has a better chance of an improved health outcome and health care costs can be significantly reduced. Effectiveness of care measures show the percentage of individuals indicated for a service who actually received the service. Differences in these measures may reflect the effort that individual HMOs make to get their members routine preventive care.

Each graphic reported in this chapter includes a point estimate, a confidence interval, and the results of a statistical significance test. Measures are denoted with an equal sign (=) when plan performance is not rated as statistically different from the average of all plans in the state. Otherwise, the measure is reported as either higher (^) or lower (v) than the state average. See the section *Statistical and Methodological Issues (Appendix)* for a more complete discussion of the calculation and meaning of these statistics.

Childhood Immunization Status

The percentage of children in the HMO who received all Combination 2 recommended vaccinations by age two.

Childhood immunizations are a proven and easy way to help children stay healthy and avoid childhood diseases such as mumps, measles, and more serious illnesses such as polio and whooping cough. Because infants and young children are highly susceptible to these dangerous illnesses, children should receive all recommended vaccinations before the age of two. The *Healthy People 2000* goal for immunizations for two year olds is 90%.

Although childhood immunization is one of the most cost effective preventive health care initiatives, the Centers for Disease Control and Prevention estimates that less than 60% of all U.S. children are fully immunized by their second birthday.

This graph shows the percentage of children in the HMO service area who received all Combination 2 vaccinations [Four DTP or DTaP, three polio (IPV or OPV), two Hepatitis B, one MMR and two H influenza type b vaccinations on or before the second birthday] recommended by the American Academy of Pediatrics by the age of two. For information on other immunization rates for children please see the Tabular Appendix (pages 86-87).

State and National Values

Texas	45.0%
Quality Compass	65.4%
Healthy People 2000 Goal	90.0%

The lines overlaying plan bar charts represent the 95% confidence interval (see the Methodological and Statistical Issues section)

^ - significantly above plan average

= - no significant difference from plan average

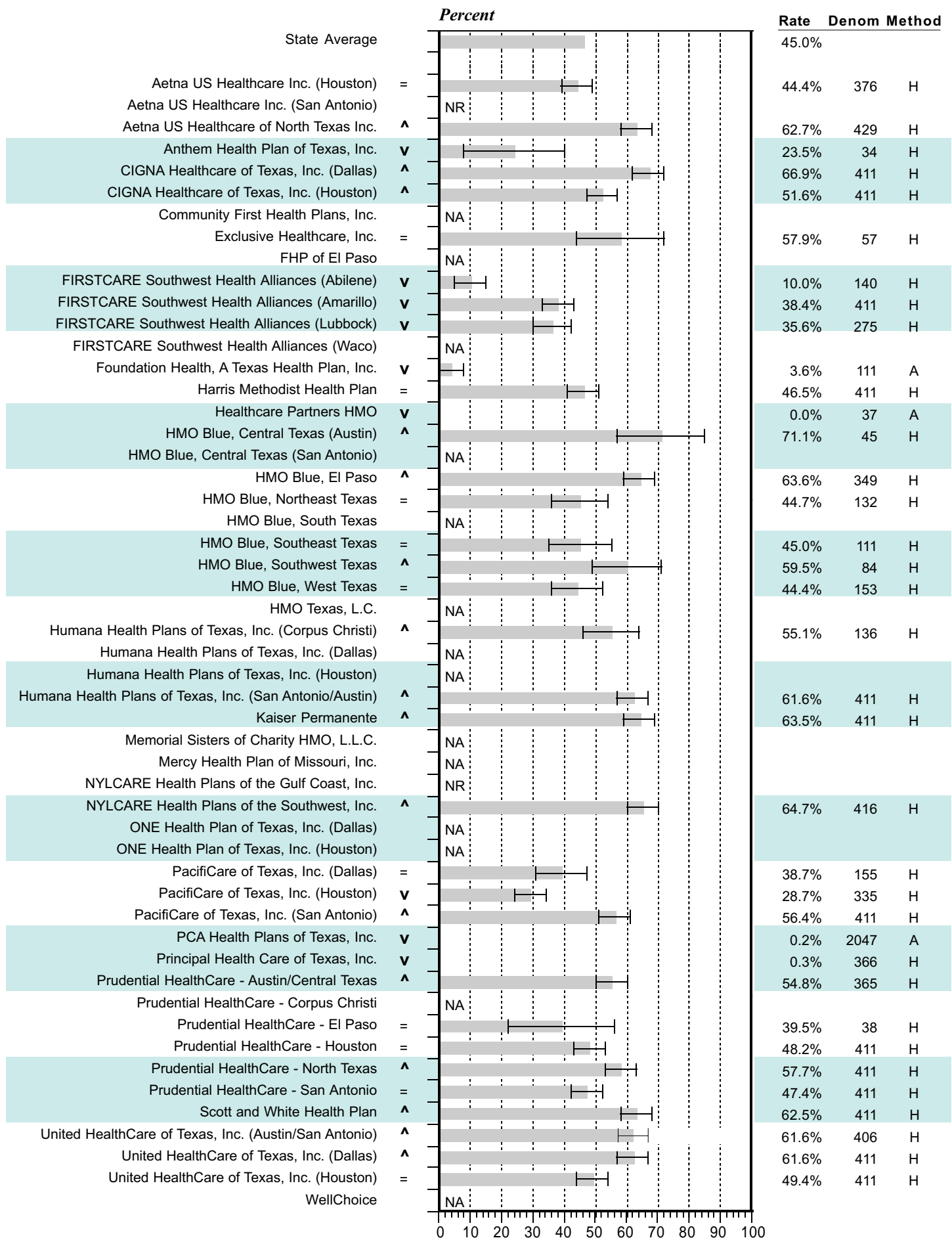
v - significantly below plan average

NR - Failed to submit the required data or data not certified by NCQA licensed auditor

NA - HMOs with fewer than 30 patients for this measure are not reported

H - Hybrid Method A - Administrative Method

Childhood Immunization Status: Combination 2



Adolescent Immunization Status

The percentage of children who were vaccinated for Measles, Mumps, Rubella (MMR) by age 13 years.

In order to be fully protected from serious illnesses such as polio, hepatitis B, and tetanus, children must receive regular vaccinations throughout childhood.

This graph shows the percentage of children in the HMO service area who received the Measles, Mumps, Rubella (MMR) vaccinations recommended by the American Academy of Pediatrics by the age of 13. For information on other immunization rates for adolescents please see the Tabular Appendix (page 88).

State and National Values

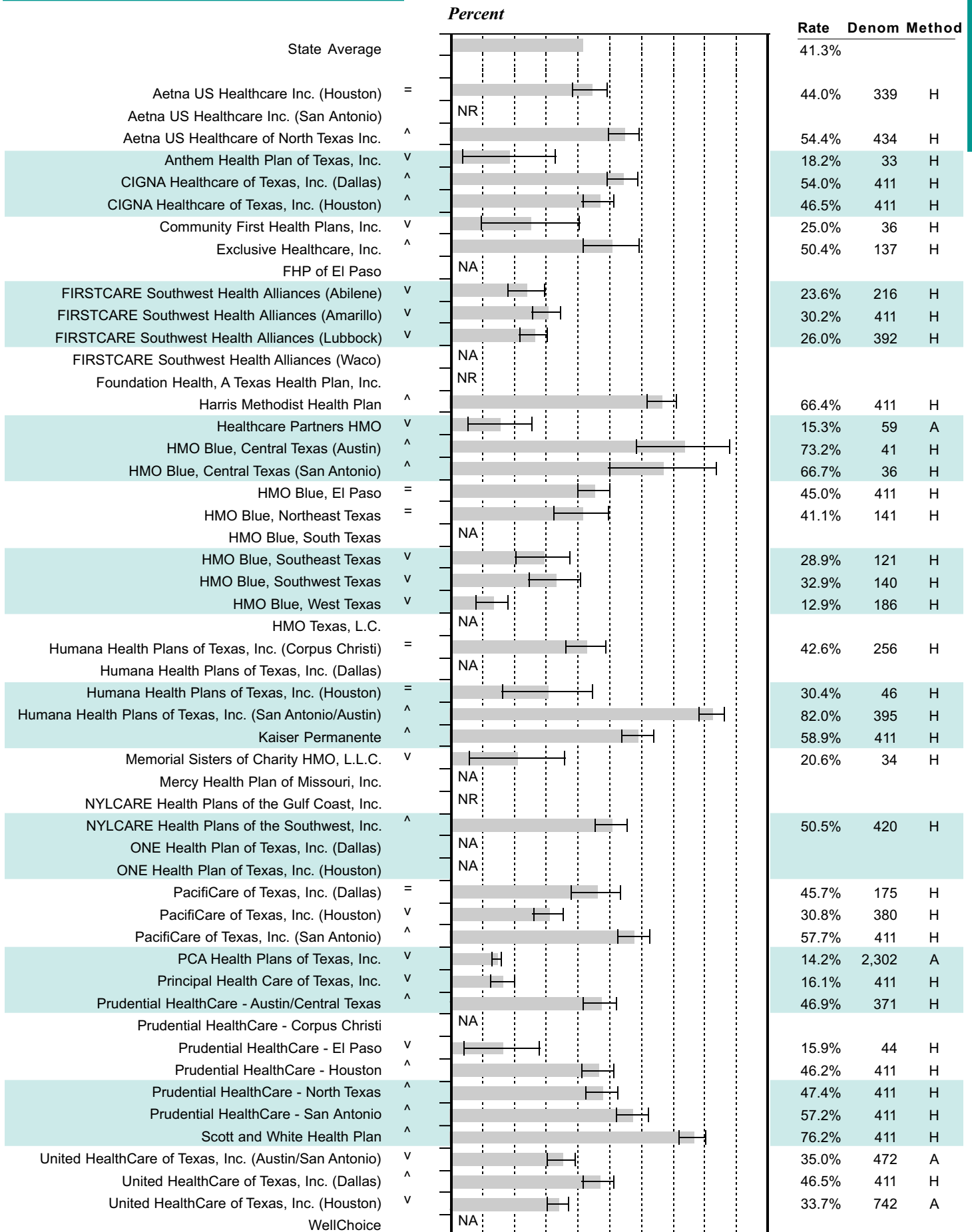
Texas	41.3%
Quality Compass	NA
Healthy People 2000 Goal	NA

The lines overlaying plan bar charts represent the 95% confidence interval (see the Methodological and Statistical Issues section)

- ^ - significantly above plan average
- = - no significant difference from plan average
- v - significantly below plan average

NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported
H - Hybrid Method A - Administrative Method

Adolescent Immunization Status: MMR



Prenatal Care in the First Trimester

The percentage of women with live births who had a prenatal care visit during the first trimester of pregnancy.

Early and regular prenatal care increases the likelihood that a woman will deliver a healthy, full-term baby because it allows doctors to identify and treat problems before they threaten the health of either the mother or the baby. The *Healthy People 2000* goal is for 90% of all pregnant women to receive a prenatal exam in the first trimester of pregnancy. Often, prenatal care encourages the use of prenatal vitamins and folic acid to prevent birth defects such as anencephaly and neural tube defects. Early prenatal screening also identifies high-risk women, resulting in appropriate intervention and treatment. Conversely, a strong statistical relationship exists between lack of prenatal care and low birthweight/premature delivery which in turn may contribute to both maternal and fetal complications.

This graph shows the percentage of women in the HMO service area who received their first prenatal care visit during the first three months of pregnancy.

State and National Values

Texas	78.9%
Quality Compass	83.1%
Healthy People 2000 Goal	90.0%

The lines overlaying plan bar charts represent the 95% confidence interval (see the Methodological and Statistical Issues section)

^ - significantly above plan average

= - no significant difference from plan average

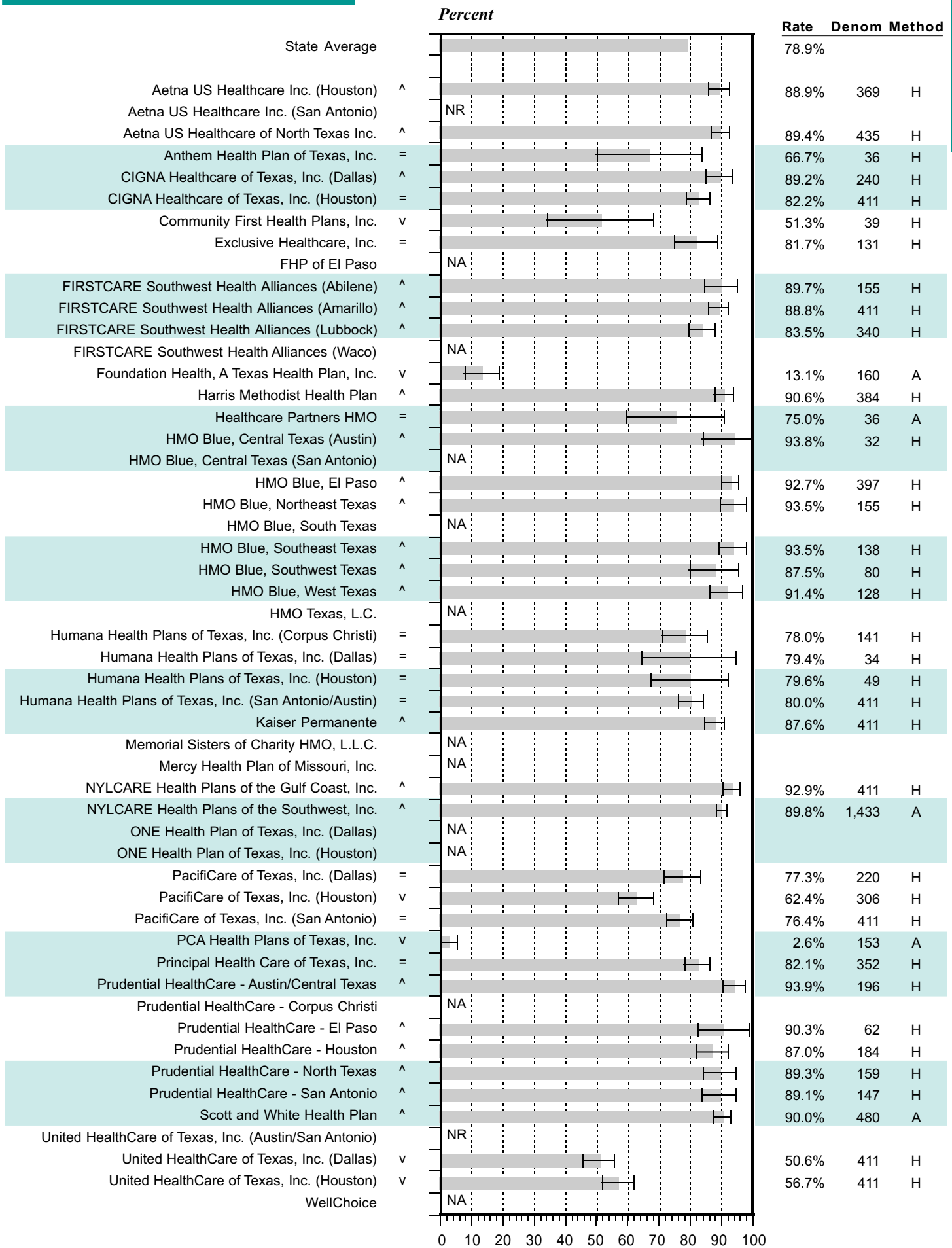
v - significantly below plan average

NR - Failed to submit the required data or data not certified by NCQA licensed auditor

NA - HMOs with fewer than 30 patients for this measure are not reported

H - Hybrid Method A - Administrative Method

Prenatal Care in the First Trimester



Check-up After Delivery

The percentage of women with live births who received a postpartum check-up between 21 days and 56 days after delivery.

The month and a half immediately following birth is a period of significant physical, emotional, and social change for a mother. The American College of Obstetricians and Gynecologists recommends that women see their health care provider at least once between 4 to 6 weeks after delivery so a physician can evaluate the patient's health status, answer questions, and provide appropriate counseling to the new mother.

State and National Values

Texas	59.2%
Quality Compass	NA
Healthy People 2000 Goal	NA

The lines overlaying plan bar charts represent the 95% confidence interval (see the Methodological and Statistical Issues section)

^ - significantly above plan average

= - no significant difference from plan average

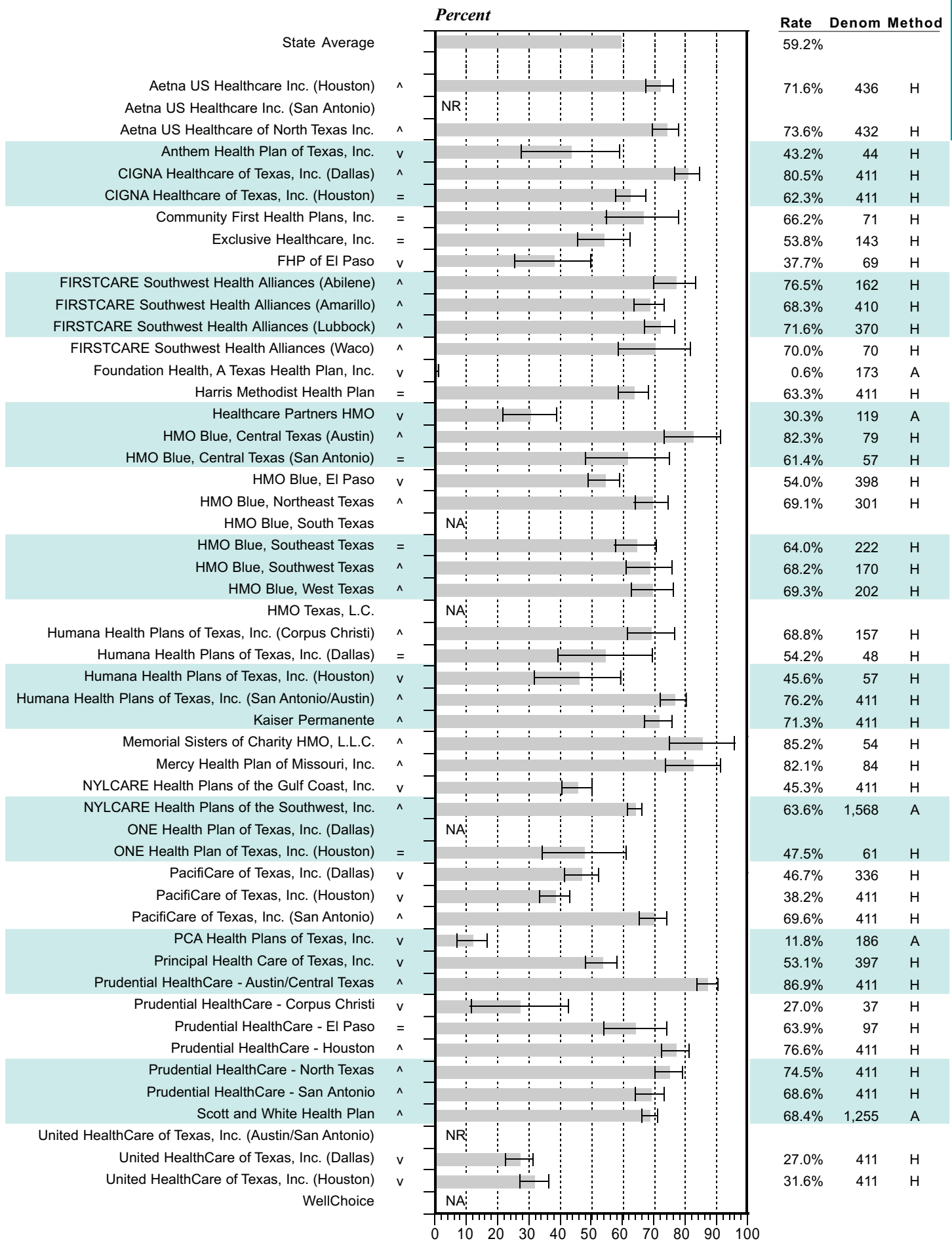
v - significantly below plan average

NR - Failed to submit the required data or data not certified by NCQA licensed auditor

NA - HMOs with fewer than 30 patients for this measure are not reported

H - Hybrid Method A - Administrative Method

Check-up After Delivery



Cervical Cancer Screening

The percentage of women age 21-64 years who received a Pap smear test during the past three years.

Cervical cancer often has no recognizable symptoms until it is at an advanced stage. However, when detected early, cervical cancer is almost always cured. Thirteen thousand new cases of cervical cancer are diagnosed each year. Over 7,000 women per year die from this disease. Most of these deaths could have been prevented by a routine Pap smear. Pap screening, through early detection, has dramatically reduced the incidence of and mortality from invasive cervical cancer, contributing to a 75% decline in the overall number of deaths from this cause¹. The *Healthy People 2000* goal for cervical cancer screens is 85% within the past one to three years.

This graph shows the percentage of women age 21 through 64 in the HMO service area who received a Pap smear test within the past three years.

1. HEDIS 3.0/1998, Volume 1: Narrative-What's in it and why it matters (1997), National Committee for Quality Assurance, Washington, D.C.

State and National Values

Texas	64.2%
Quality Compass	71.3%
Healthy People 2000 Goal	85.0%

The lines overlaying plan bar charts represent the 95% confidence interval (see the Methodological and Statistical Issues section)

^ - significantly above plan average

= - no significant difference from plan average

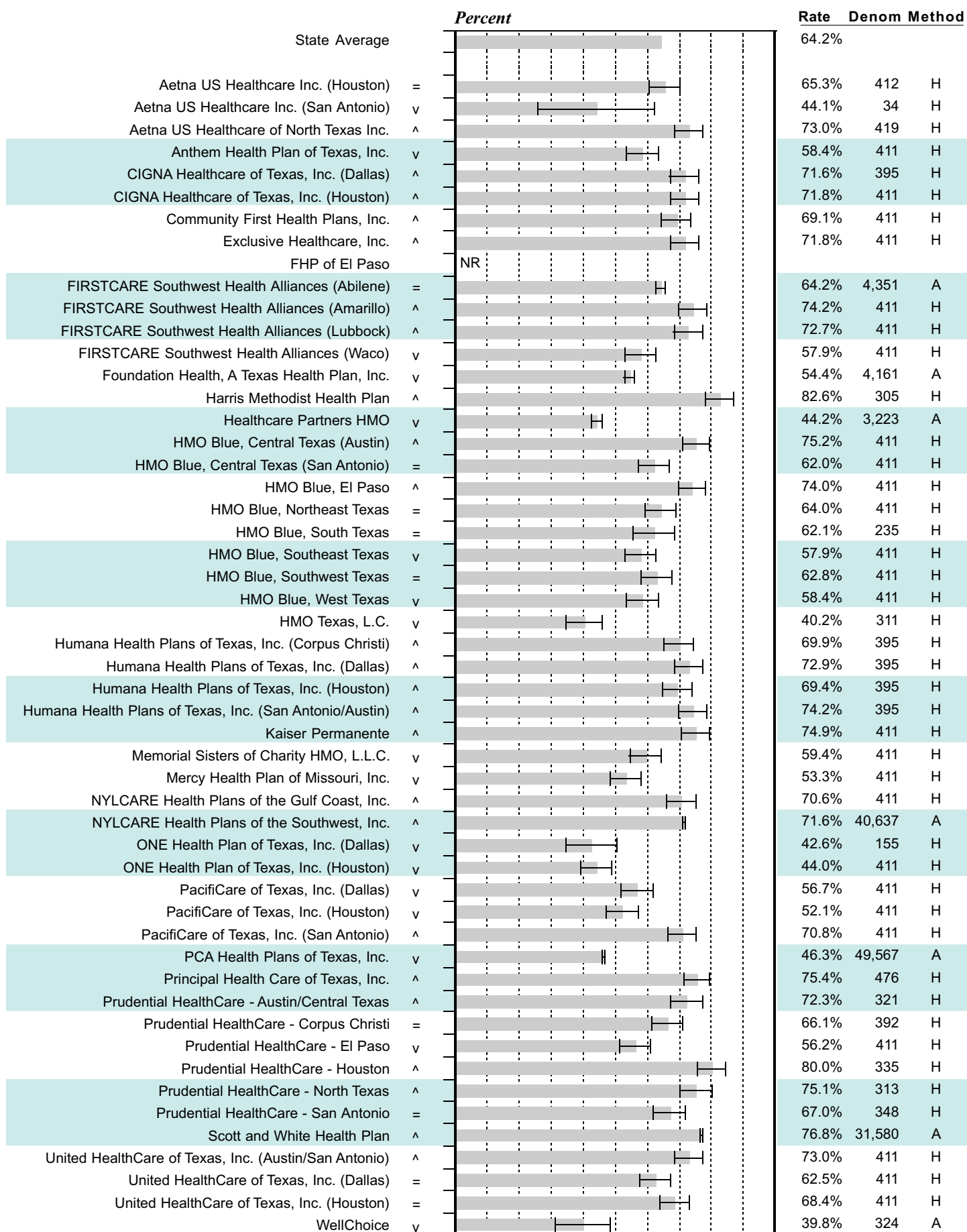
v - significantly below plan average

NR - Failed to submit the required data or data not certified by NCQA licensed auditor

NA - HMOs with fewer than 30 patients for this measure are not reported

H - Hybrid Method A - Administrative Method

Cervical Cancer Screening



Breast Cancer Screening

The percentage of women age 52 - 69 years who received a mammogram during the past two years.

Although breast cancer is the most common form of cancer among American women, death from this disease can be greatly reduced by detecting and treating the cancer as early as possible. Mammograms, which are x-rays of the breast that can identify tumors too small to be felt, are the most effective method for detecting breast cancer in a stage when it is most treatable. According to the American Cancer Society, more than 46,000 women in the U.S die from breast cancer each year. The National Cancer Institute estimates this rate could decrease by at least 30 percent in women over age 50 if regular screening schedules are followed.

This graph shows the percentage of women age 52 and older in the HMO service area who had a mammogram within the past two years.

State and National Values

Texas	64.9%
Quality Compass	71.3%
Healthy People 2000 Goal	60.0%

The lines overlaying plan bar charts represent the 95% confidence interval (see the Methodological and Statistical Issues section)

^ - significantly above plan average

= - no significant difference from plan average

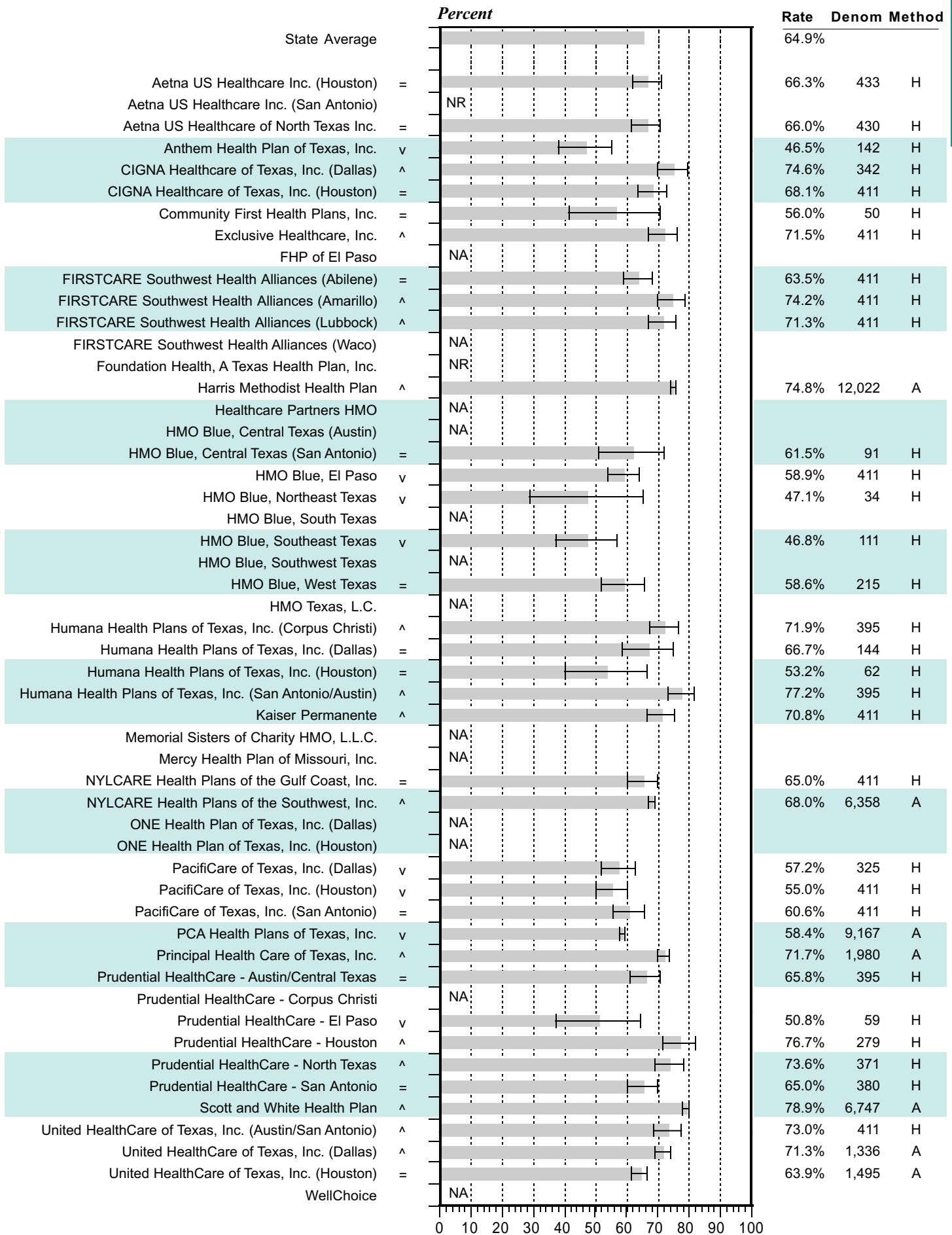
v - significantly below plan average

NR - Failed to submit the required data or data not certified by NCQA licensed auditor

NA - HMOs with fewer than 30 patients for this measure are not reported

H - Hybrid Method A - Administrative Method

Breast Cancer Screening



Eye Exams for People with Diabetes

The percentage of diabetic members (31 years of age and older) who had a retinal exam during the reporting year.

Each year, more than half a million Americans are diagnosed with diabetes. Overall, almost 11 million individuals have diabetes mellitus. Although diabetic retinopathy is a common complication of diabetes, early detection and treatment of eye disease can prevent diabetics from losing their sight¹. The *Healthy People 2000* objective related to this measure is to reduce blindness due to diabetes from 2.2 per 1,000 to 1.4 per 1,000². Regular dilated retinal exams are considered the most effective method for early detection.

HEDIS notes that the frequency of retinal screening among diabetics is influenced by the type of diabetes and the presence and degree of retinopathy. Therefore, annual screening may not be indicated for every diabetic plan member and a screening rate of 100% is not expected.

This graph shows the percentage of diabetics in the HMO service area who had retinal examinations in the past year.

1. Data Verification Project HEDIS 3.0 - 1996 Results Technical Report (1997), North Central Texas HEDIS Coalition, Arlington, Texas.
2. Healthy People 2000: National Health Promotion and Disease Prevention Objectives (1991), U.S. Public Health Service, U.S. Department of Health and Human Services, USDHHS Publication PHS 91-50212, Washington, D.C.

State and National Values

Texas	32.0%
Quality Compass	39.0%
Healthy People 2000 Goal	NA

The lines overlaying plan bar charts represent the 95% confidence interval (see the Methodological and Statistical Issues section)

^ - significantly above plan average

= - no significant difference from plan average

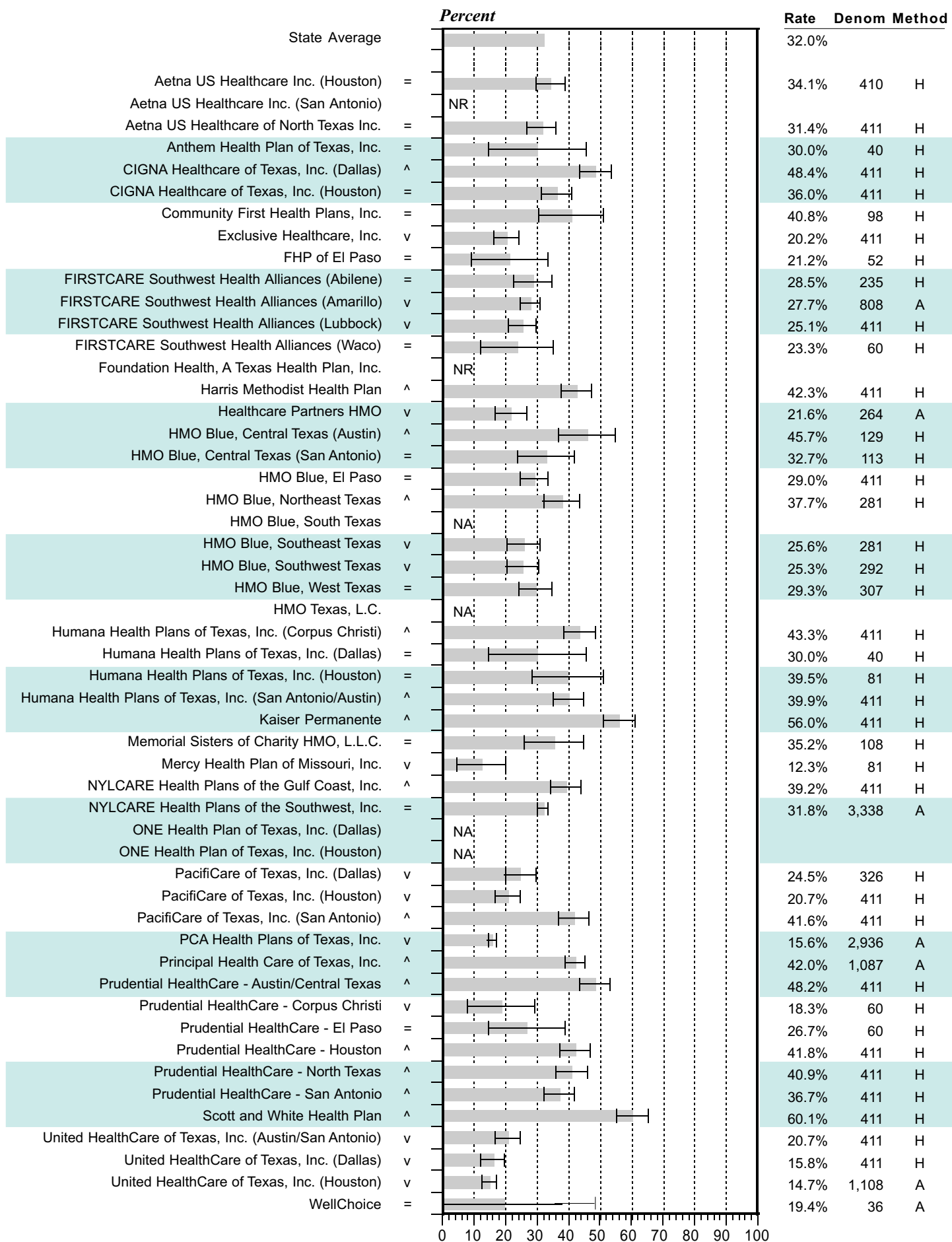
v - significantly below plan average

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NA - HMOs with fewer than 30 patients for this measure are not reported

H - Hybrid Method A - Administrative Method

Eye Exams for People with Diabetes



Follow-up After Hospitalization for Mental Illness

The percentage of members hospitalized for mental health disorders who were seen on an ambulatory care basis within 30 days of discharge from the hospital.

A significant number of individuals suffer from some form of mental illness during their life, yet few of them are medically diagnosed. For example, suicide - a very real risk to individuals with mental illness - causes upwards of 15% of all deaths associated with untreated mood disorders¹.

It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. An outpatient visit with a mental health practitioner within 30 days of discharge is necessary to ensure that the patient's transition to home or work is supported and that gains made during hospitalization are maintained.

1. HEDIS 3.0/1998, Volume 1: Narrative-What's in it and why it matters (1997), National Committee for Quality Assurance, Washington, D.C.

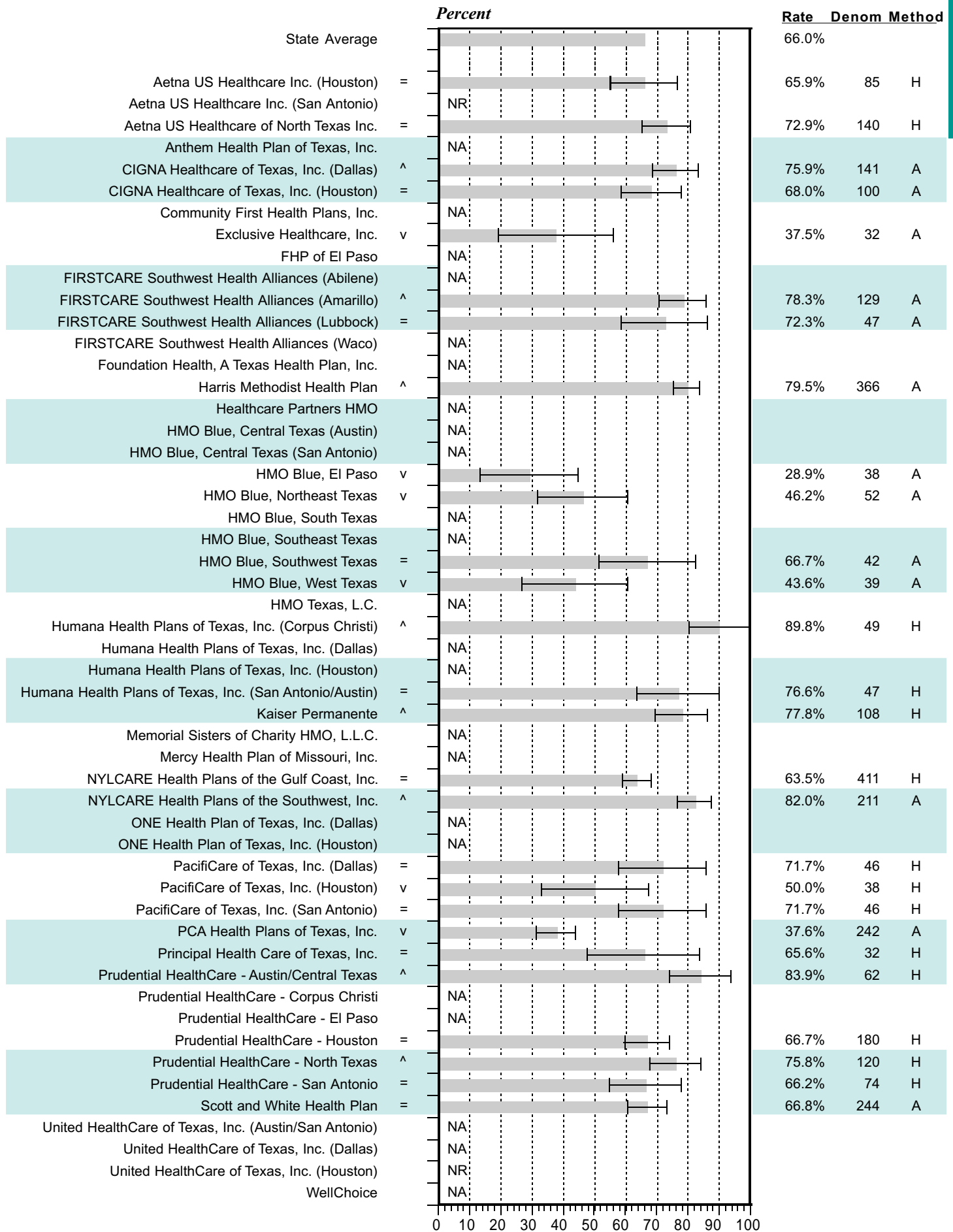
State and National Values

Texas	66.0%
Quality Compass	NA
Healthy People 2000 Goal	NA

The lines overlaying plan bar charts represent the 95% confidence interval (see the Methodological and Statistical Issues section)
^ - significantly above plan average
= - no significant difference from plan average
v - significantly below plan average

NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported
H - Hybrid Method A - Administrative Method

Follow-up After Hospitalization for Mental Illness



Advising Smokers to Quit

The percentage of adult smokers or recent quitters who received advice to quit smoking from a health professional in the plan during the reporting year.

Smoking, responsible for an estimated 400,000 deaths each year, is the leading contributor to preventable mortality in the U.S.¹ Half of all lifelong smokers will die from a smoking related illness. The 1990 Surgeon General's Report indicated that smokers who quit reduced their risk of dying prematurely by almost 50%. In 1990, the medical costs directly associated with smoking were over seven percent of national health expenditures (upwards of \$100 billion dollars)¹. Yet, given even these significant health and economic motivators, a large percentage of current smokers are still more likely to quit if so advised by their physician. Receiving even a brief amount of smoking cessation advice from a physician is associated with a 30% increase in the number of smokers who quit².

This graphs shows the percentage of smokers or recent quitters in the HMO service area who received advice to quit smoking from a plan doctor during the reporting year.

1. Health Maintenance Organizations in Maryland: A Comprehensive Performance Report (1997), State of Maryland Health care Access and Cost Commission (HCACC).
2. HEDIS 3.0/1998, Volume 1: Narrative-What's in it and why it matters (1997), National Committee for Quality Assurance, Washington, D.C.

State and National Values

Texas	55.7%
Quality Compass	64.0%
Healthy People 2000 Goal	75.0%

The lines overlaying plan bar charts represent the 95% confidence interval (see the Methodological and Statistical Issues section)

^ - significantly above plan average

= - no significant difference from plan average

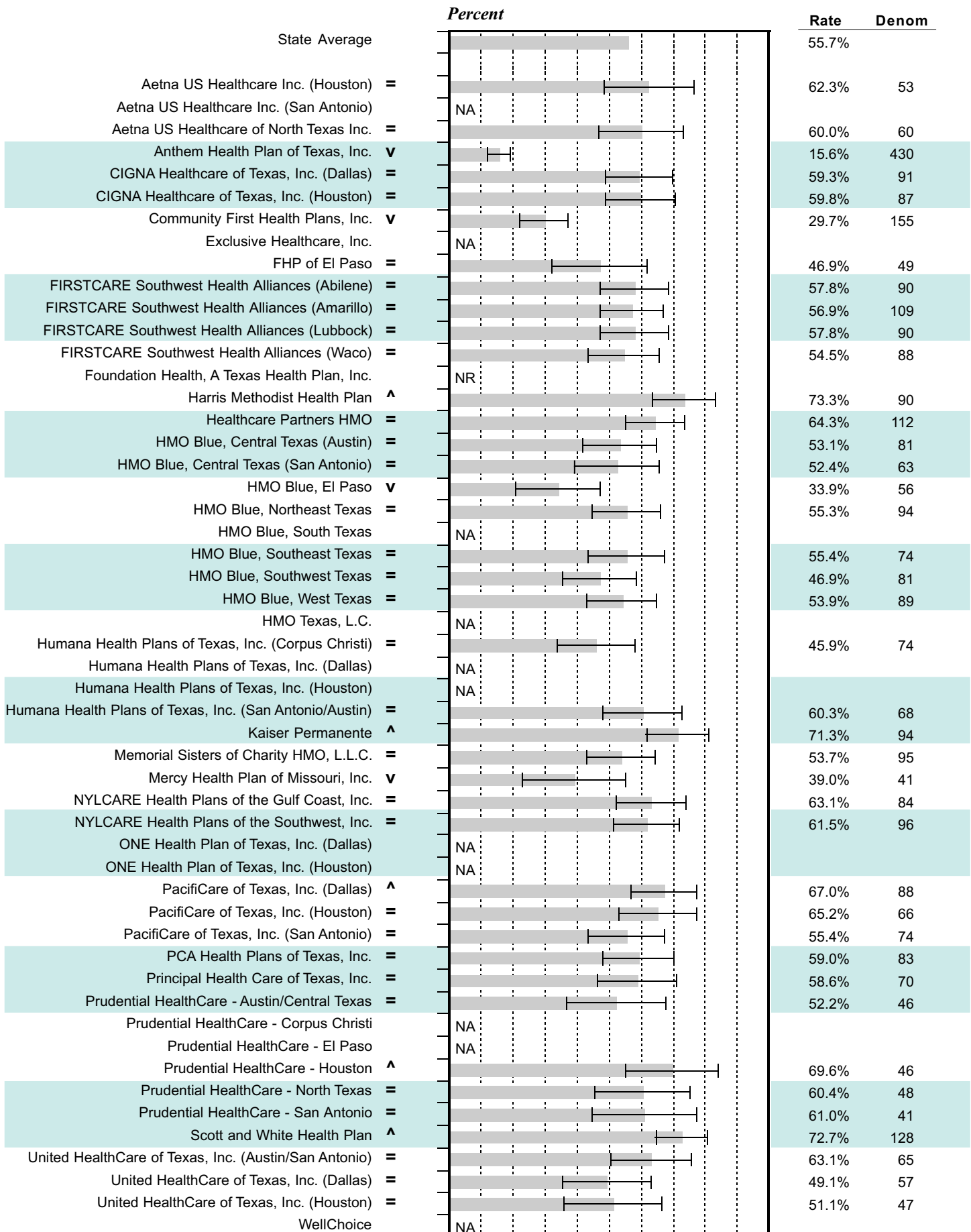
v - significantly below plan average

NR - Failed to submit the required data or data not certified by NCQA licensed auditor

NA - HMOs with fewer than 30 patients for this measure are not reported

H - Hybrid Method A - Administrative Method

Advising Smokers to Quit



Access/Availability of Care

Access to health care depends in part on an adequate availability of providers. Plans having a large number of physicians or specialists to choose from may be successful in reducing barriers to care. Plans which have a small number of providers or a high percentage who do not accept new patients may be less effective in making health care available to their members.

This section includes charts illustrating the following measures:

Availability of Primary Care Providers,

Availability of Behavioral Health Care Providers,

Availability of OB/GYN Providers.

Availability of Primary Care Providers

The number and percentage of primary care providers affiliated with a plan as of December 31 of the reporting year who:

- serve members of each population,
- accept new members with no restrictions,*
- accept new members with some restrictions,
- accept no new members.

In managed care settings, the Primary Care Provider is typically responsible for making initial diagnoses, managing patients' health care and treatment and, when necessary, recommending visits to appropriate specialists. Therefore, it is critical that HMO members have choices from which to select a personal caregiver who the patient has access to and can maintain a good relationship with.

The graph and table on the opposing page indicate the percentage of a plan's primary care providers who accept new patients with no restrictions, who accept them with some restrictions, or who do not accept new patients.

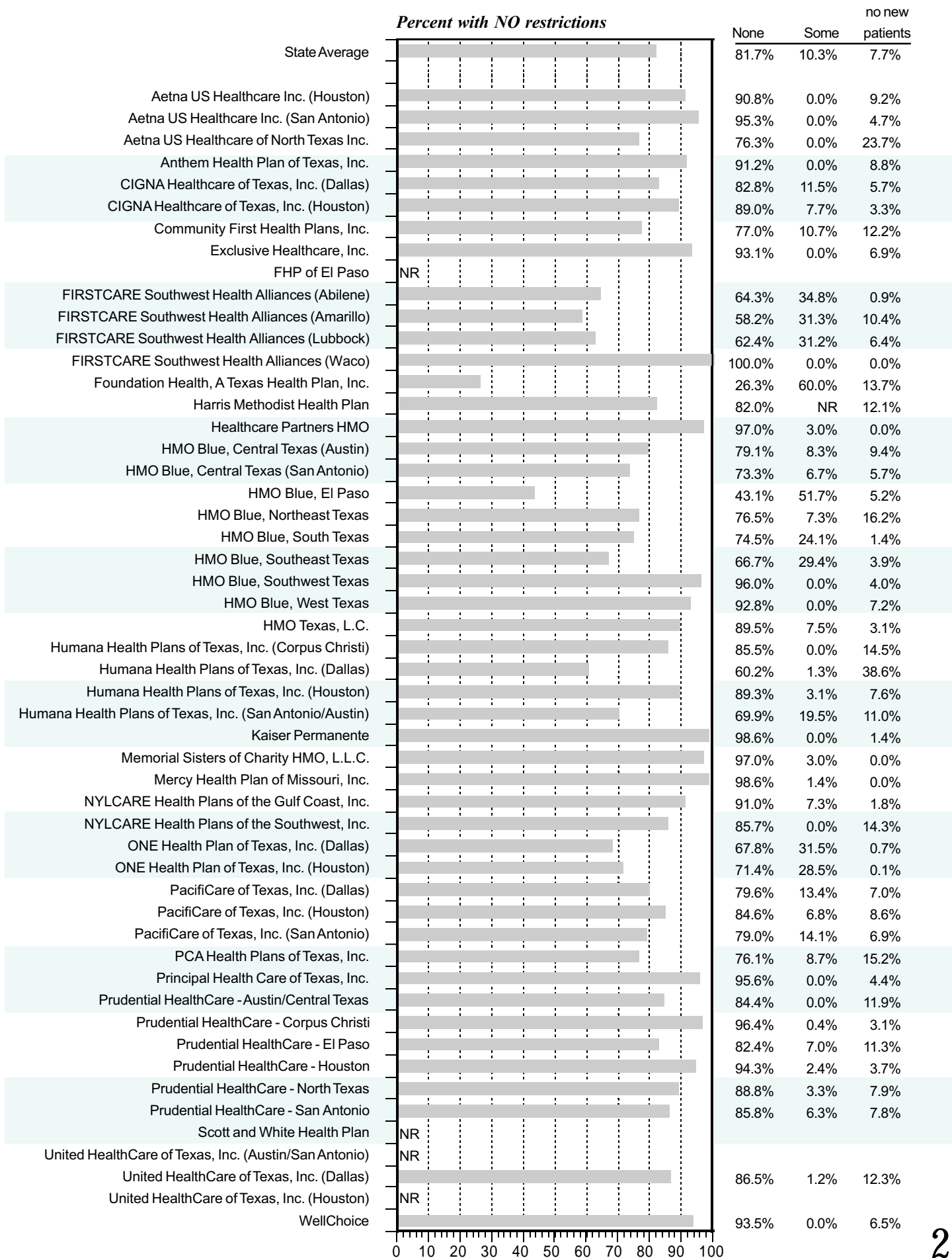
Texas Average

No restrictions	81.7%
Some restrictions	10.3%
Not accepting new patients	7.7%

NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported

Availability of Primary Care Providers

% Providers with New Plan Restrictions



Access/Availability
of Care

Availability of Behavioral Health Care Providers

The number and percentage of behavioral health care providers affiliated with a plan as of December 31 of the reporting year who:

- serve members of each population,
- accept new members with no restrictions,*
- accept new members with some restrictions,
- accept no new members.

Behavioral health problems are under-diagnosed and often never treated. Only 15% of all individuals who require treatment receive necessary care. Having a selection of behavioral health caregivers available assures plan members that should the need arise, choices are available to them.

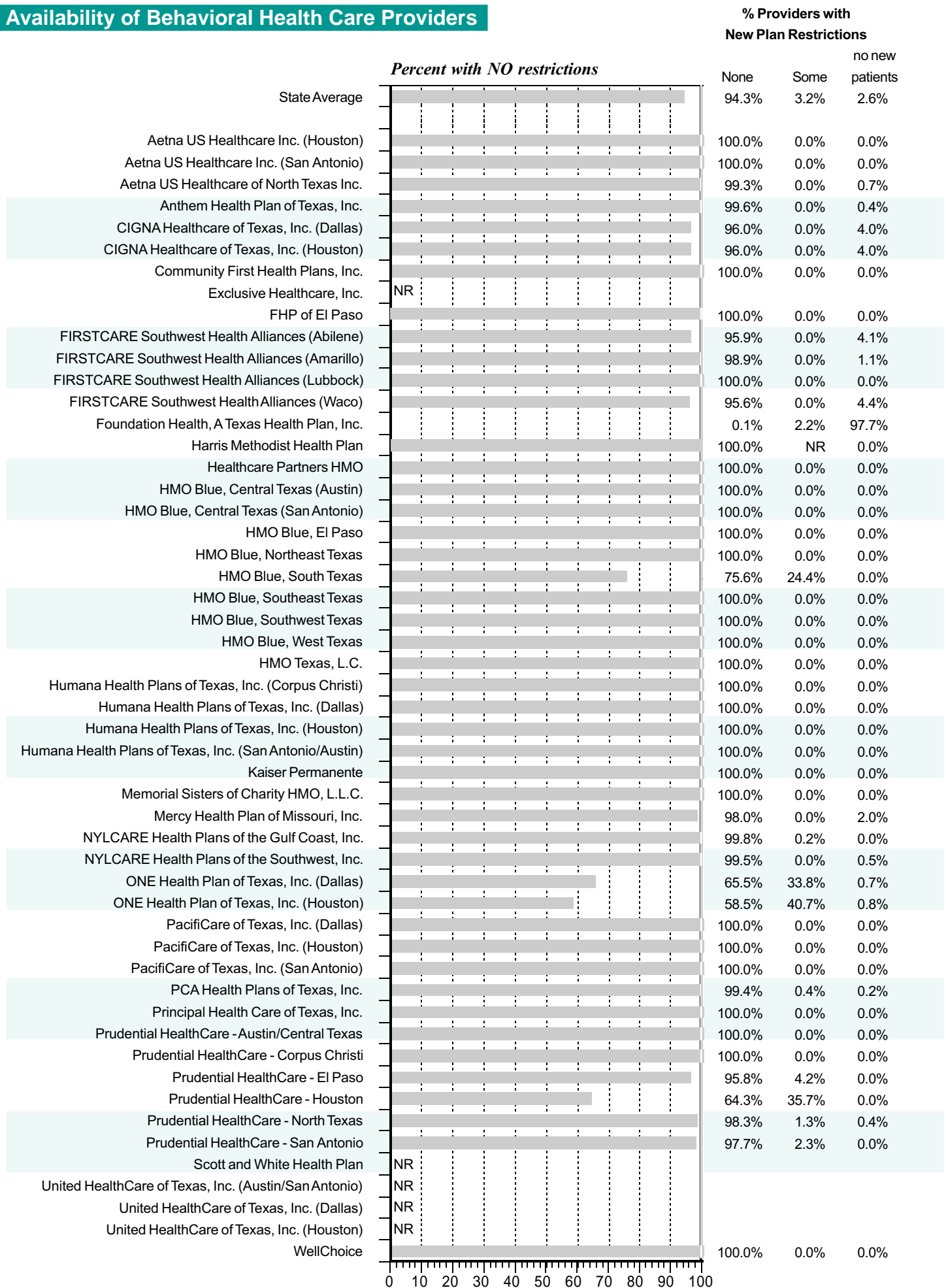
The chart and tables on the opposing page provide the percentage of a plan's behavioral health care providers who accept new patients with no restrictions, who accept them with some restrictions, or who do not accept new patients.

Texas Average

No restrictions	94.3%
Some restrictions	3.2%
Not accepting new patients	2.6%

NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported

Availability of Behavioral Health Care Providers



Availability of OB/GYN Providers

The number and percentage of OB/GYN providers affiliated with a plan as of December 31 of the reporting year who:

- serve members of each population,
- accept new members with no restrictions,*
- accept new members with some restrictions,
- accept no new members.

Prenatal care is the best insurance an expectant mother has to ensure that her pregnancy will be uncomplicated and her newborn will be healthy. Access to obstetricians and other prenatal and maternal caregivers ensures that the mother will be able to receive early and adequate prenatal and postnatal care.

The number of OB/GYN providers a member has to choose from, as well as their availability, is an indicator of the health plan's ability to serve its expectant members. The graph and tables on the opposing page provide information on the percentage of a plan's ob/gyn providers who accept new patients with no restrictions, who accept them with some restrictions, or who do not accept them.

Texas Average

No restrictions	93.3%
Some restrictions	4.9%
Not accepting new patients	1.8%

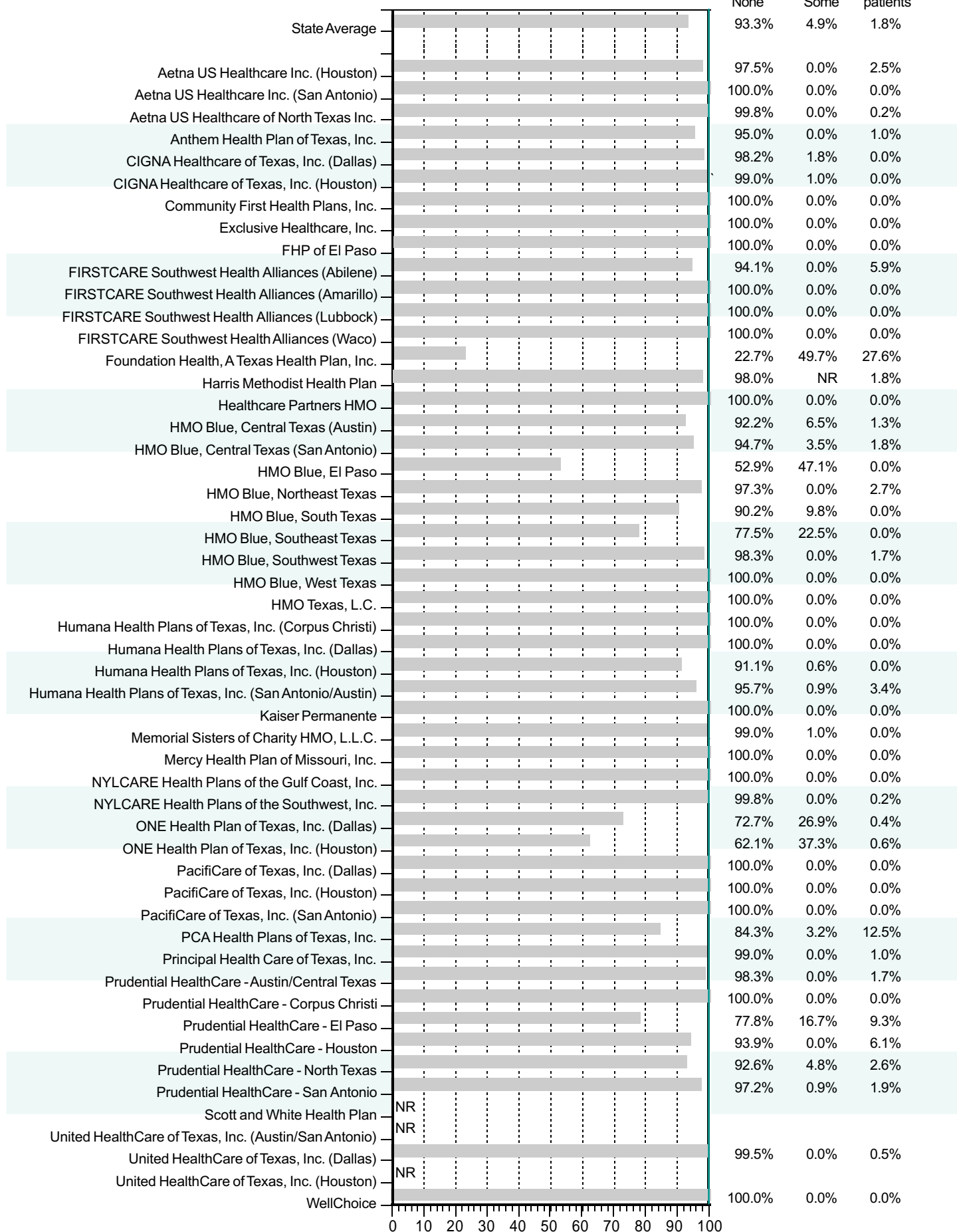
NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported

Availability of OB/GYN Providers

% Providers with New Plan Restrictions

None Some no new patients

Percent with NO restrictions



Access/Availability
of Care

Health Plan Stability Measures

An important consideration when evaluating health plans is the ability of a plan to recruit and retain both members and providers. Patients tend to prefer continuity of health care. Some provider turnover is to be expected; doctors retire, move, or change specialties. However, consistent, high, provider turnover may demonstrate that a plan is ineffectively managed and unable to retain care givers. Turnover can also indicate that the plan is renegotiating or ending contracts with providers it believes are not adhering to the plan's standards of care. Additionally, physician groups comprised of large numbers of providers may change plan affiliation causing substantial turnover.

Annual Aggregate Disenrollment Rate

The number of health plan members, based on membership data, who were enrolled as of December 31, 1996 and who were not enrolled as of December 31, 1997.

Disenrollment may be symptomatic of a plan's performance. Members dissatisfied with plans are likely, given the opportunity, to switch. Conversely, purchasers of health plans may consider the overall cost of a plan - the bottom line - despite the quality of care a plan provides. A very large turnover rate may simply indicate that a former purchaser has decided upon another plan for its employees.

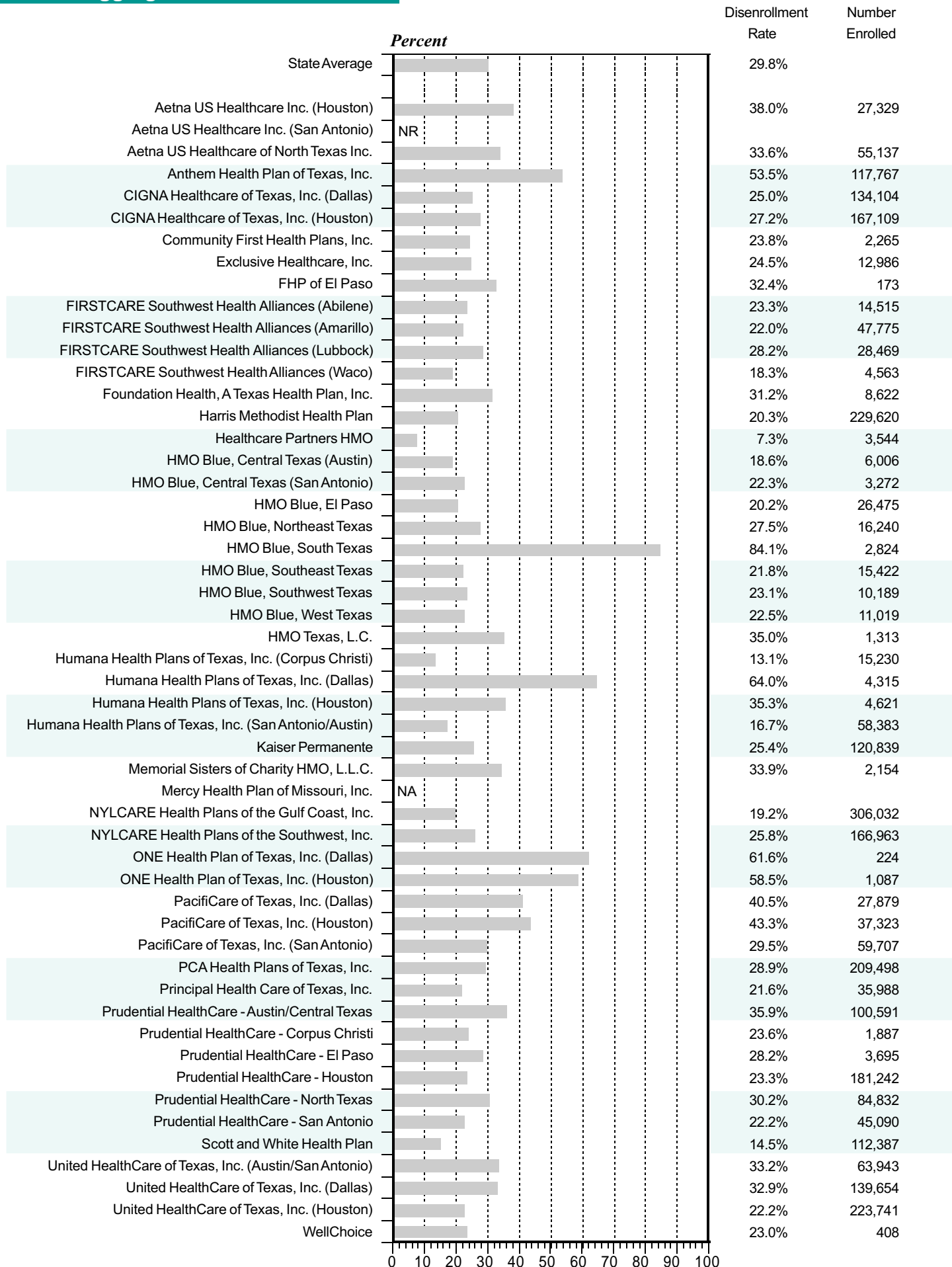
If a plan you are interested in has a high rate of disenrollment, consider what the members themselves have to say about the plan by reviewing the member satisfaction survey.

Texas Average

Annual Aggregate Disenrollment Rate29.8

NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported

Annual Aggregate Disenrollment Rate



Turnover in Providers

The percentage of primary care providers (primary care physicians) who were affiliated with a plan as of December 31, 1996 and who were not affiliated with the plan as of December 31, 1997.

Keeping the same primary care provider over time can increase the effectiveness of the care members receive. Although a large number of providers leaving an HMO may be due to the plan ending contracts with providers who are not meeting its standards, it may also indicate a problem with the way the plan is managed.

If you are interested in a plan with a high percentage of departing providers, you may wish to check the results from the customer service survey to see if there are problems with provider accessibility. This graph shows the percentage of primary care doctors in the HMO service area who left the plan in 1997.

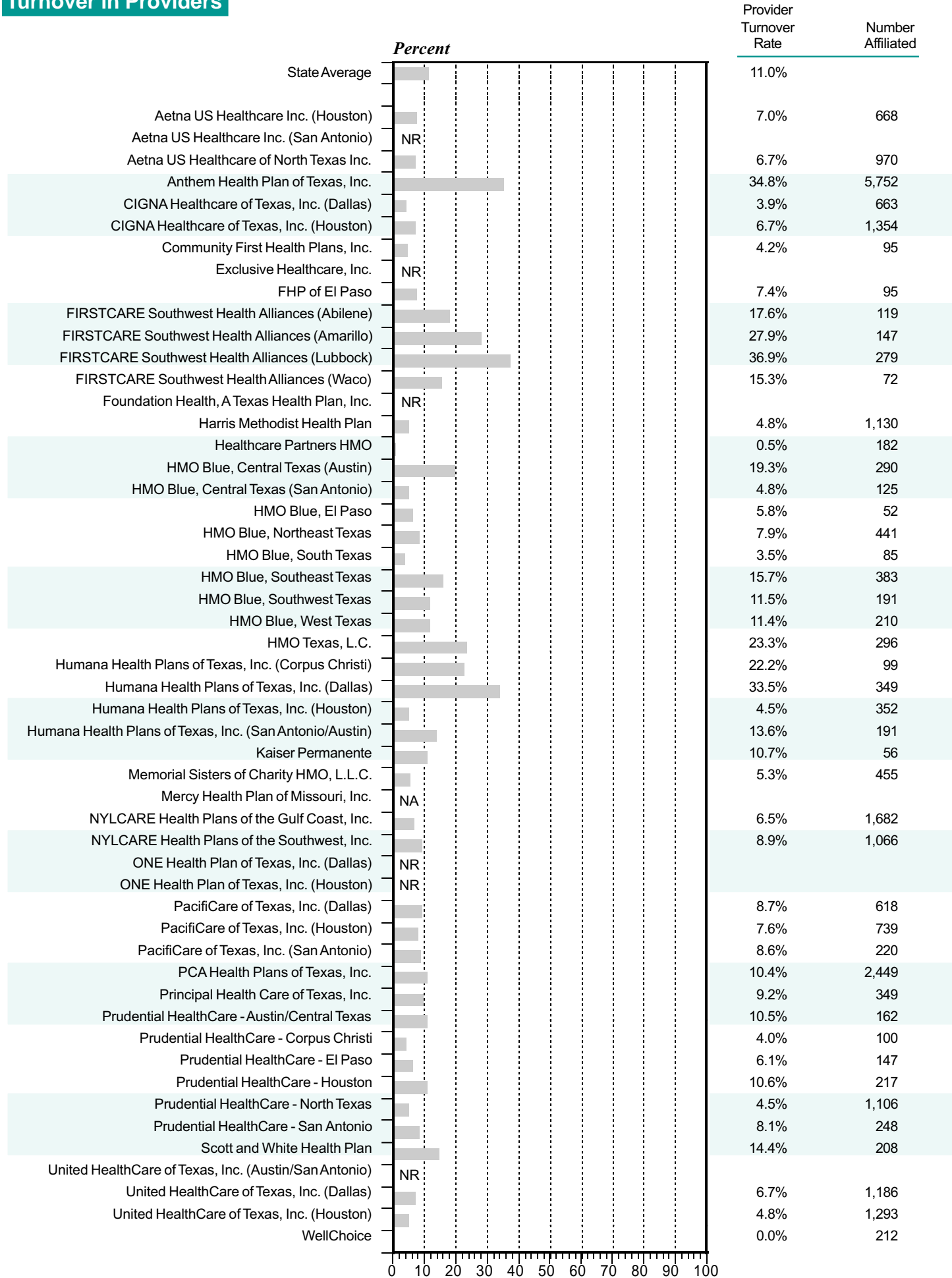
Because physician turnover rates are influenced by numerous factors - both good and bad - potential plan members are encouraged to use this information as a guide for asking questions of the plan.

Texas Average

Provider Turnover Rate 11.0

NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported

Turnover in Providers



Use of Service Measures

Hospitals and health plans have become increasingly cost conscious in attempting to provide the most effective health care in the most efficient manner. Preventive treatment, outpatient procedures, and better management of care within a hospital setting have, in many cases, reduced the need for hospital admission or shortened the length of time patients stay admitted. The use of services domain gives the reader of this report an idea of how health plans allocate and manage the health care resources of their members and care givers. While some plans may be more aggressive than others in limiting resources, a patient's health, age, sex, socio-economic status, and preferences all influence the length of a hospital stay and the types of services received during that stay.

The average length of stay has become a standard measure to compare hospitals and is a proxy for resource utilization. Longer stays are associated with higher costs to both the patient and the hospital. Further, the longer a patient remains in the hospital, the greater the risk for developing nosocomial (hospital-acquired) complications. Conversely, a short stay for some conditions may indicate that the patient did not receive adequate care or that care was based more on financial than medical considerations. Recent concerns have raised the question of whether some types of hospital stays are too short - such as for obstetrical or mastectomy patients.

The following section is divided into three parts. The first provides information on well-child visits in the first 15 months of life. The second provides information on general hospital/acute care utilization including average length of stay (ALOS) statistics for all hospitalizations as well as information specific to Medicine, Surgery, and Maternity hospitalizations. The third section examines Cesarean Section and Vaginal Birth after C-Section (VBAC) rates for plan members.

Well Child Visits in the First 15 Months of Life

The percentage of children who received six or more well child visits by age 15 months.

Well child check-ups are one of the best ways to be sure that potential health problems are detected and treated early. These check-ups also provide opportunities for parents and doctors to discuss concerns about the child's health or development. The American Academy of Pediatrics recommends that children have six well child check-ups by the age of one.

This graph shows the percentage of children in the HMO service area who received six or more well care check-ups by the age of 15 months. For information on five or fewer well child visits please see the Tabular Appendix (page 87).

State and National Values

Texas	33.9%
Quality Compass	NA
Healthy People 2000 Goal	90.0%

The lines overlaying plan bar charts represent the 95% confidence interval (see the Methodological and Statistical Issues section)

^ - significantly above plan average

= - no significant difference from plan average

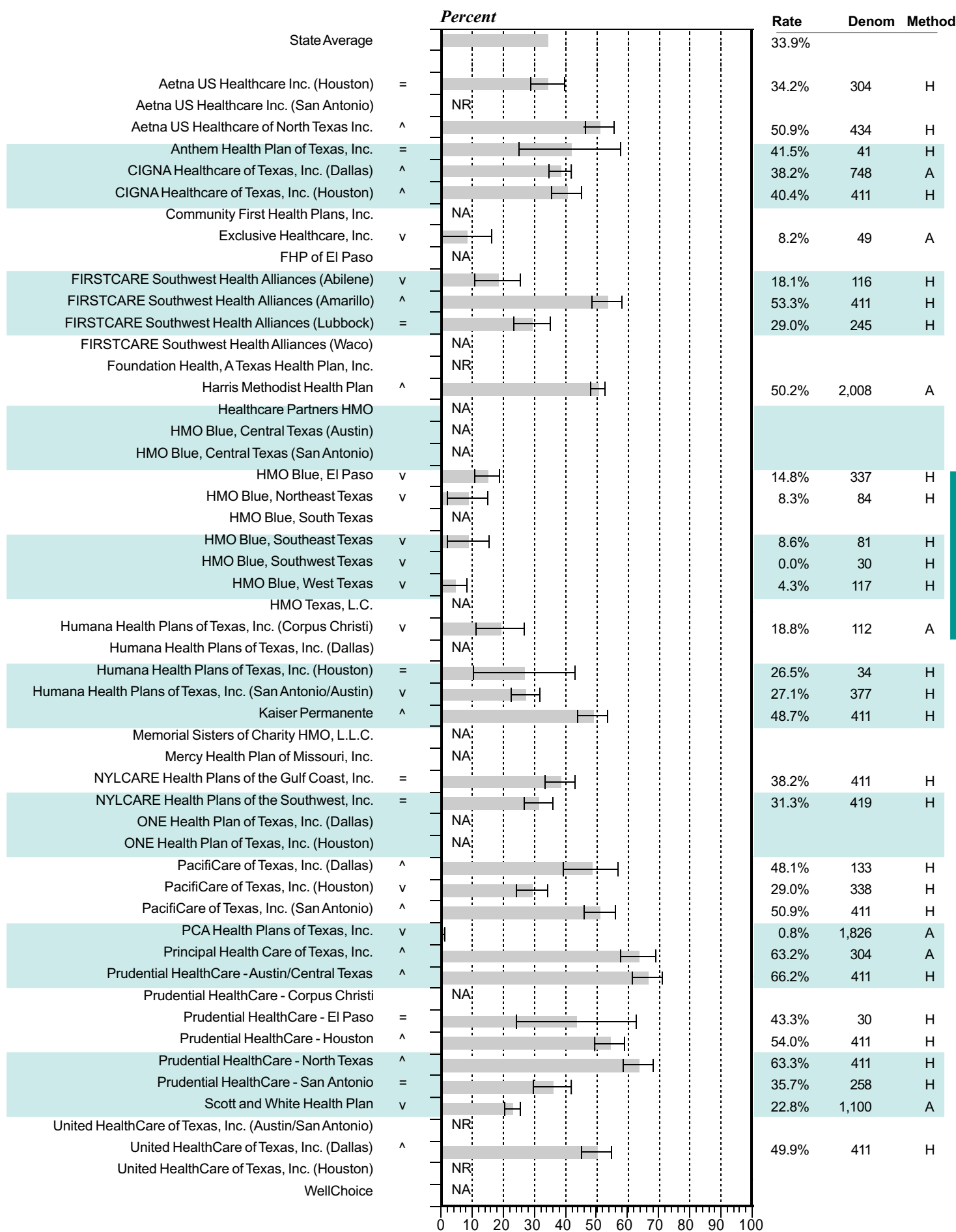
v - significantly below plan average

NR - Failed to submit the required data or data not certified by NCQA licensed auditor

NA - HMOs with fewer than 30 patients for this measure are not reported

H - Hybrid Method A - Administrative Method

Well Child Visits - 6 or more



Total Inpatient Utilization

Summary measures of discharges per 1,000 members per year, days per 1,000 members per year, and average length of stay for total inpatient acute care services.

HMO members are hospitalized for a variety of reasons. Whether for a planned pregnancy, corrective surgery, or because of a life threatening emergency, hospitalization remains one of the most expensive costs to health care today. Total Inpatient Utilization estimates the extent that plan members received hospital acute care services for any reason other than non-acute care, mental health, and chemical dependency services or newborn care.

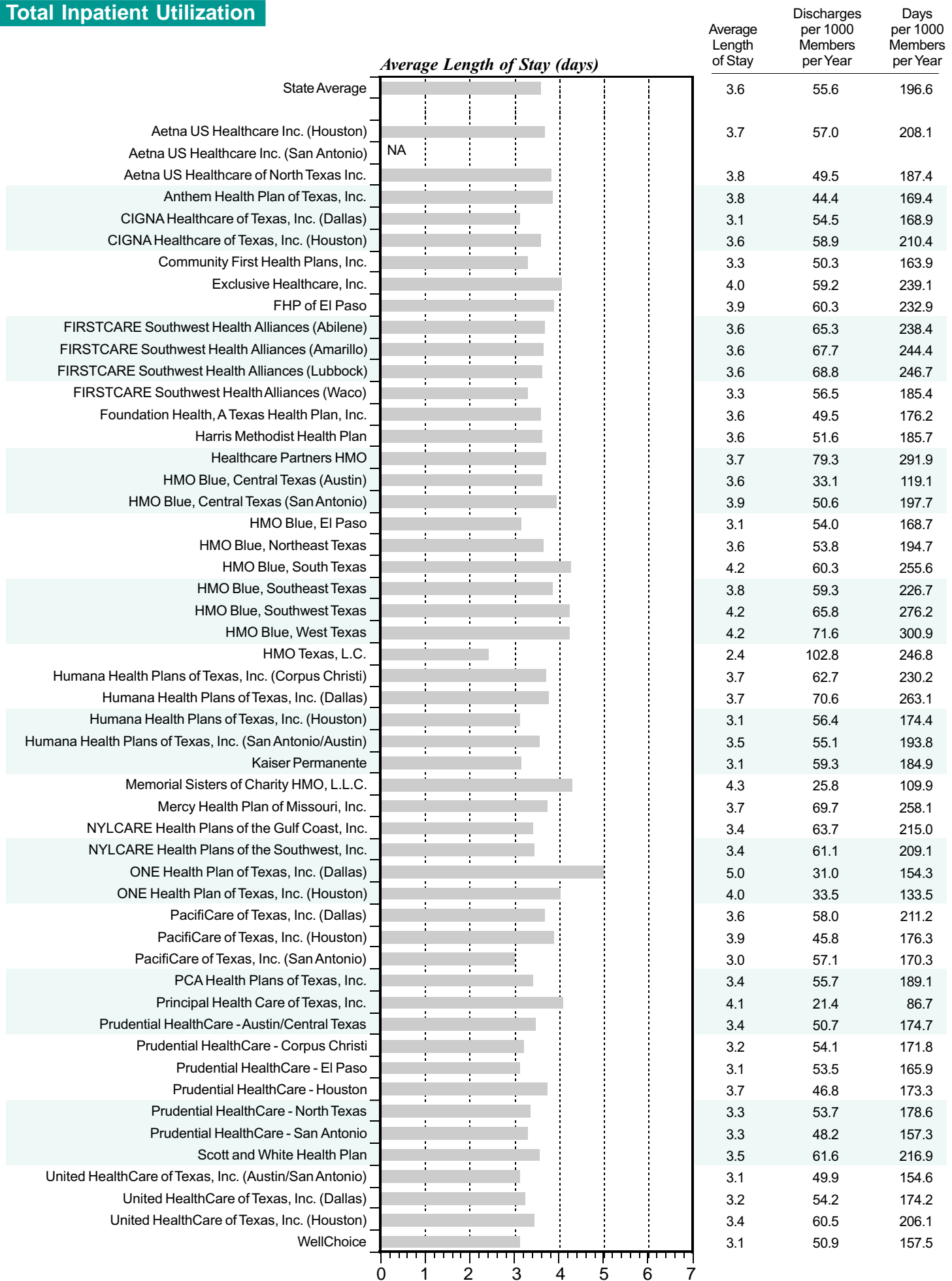
Included in the reporting is the number of hospital admissions for the reporting period and how long the patient stayed. In turn, this information enables the calculation of average lengths of stay, discharges per 1,000 members per year, and hospital days per 1,000 members per year. This information is presented for each plan on the opposite page.

Texas Average

Average Length of Stay	3.6 days
Discharges/1,000 members/year	55.6
Days/1,000 members/year	196.6

NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported

Total Inpatient Utilization



Inpatient Utilization-Medicine

Summary measures of discharges per 1,000 members per year; days per 1,000 members per year, and average length of stay for medicine acute care services.

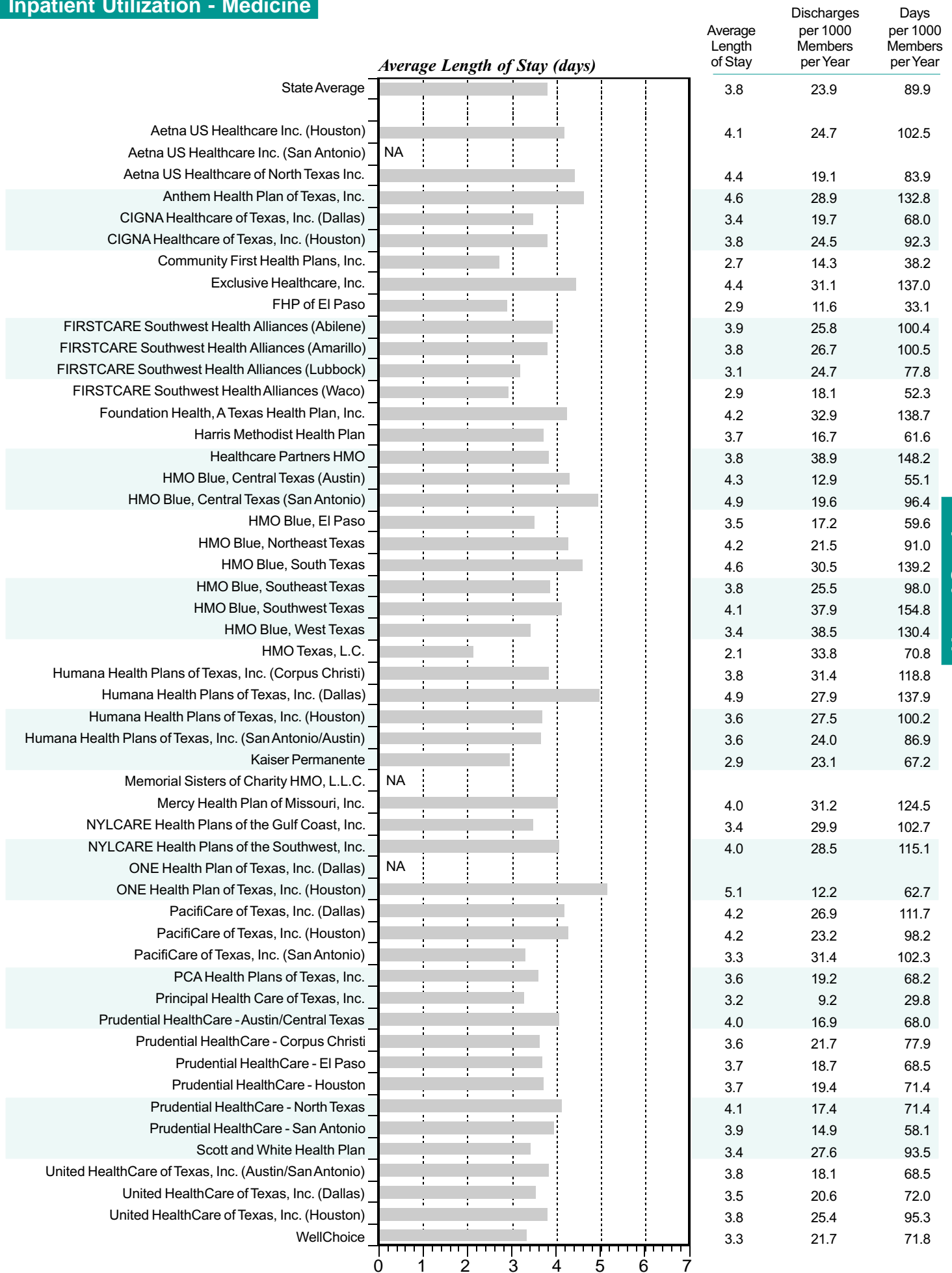
Inpatient Utilization - Medicine estimates the extent that plan members received hospital care for acute care. Included in the reporting is the number of hospital admissions for the reporting period and how long the patient stayed. In turn, this information enables the calculation of average lengths of stay, discharges per 1,000 members per year, and hospital days per 1,000 members per year. This information is presented for each plan on the opposite page.

Texas Average

Average Length of Stay	3.8 days
Discharges/1,000 members/year	23.9
Days/1,000 members/year	89.9

NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported

Inpatient Utilization - Medicine



Inpatient Utilization - Surgery

Summary measures of discharges per 1,000 members per year, days per 1,000 members per year, and average length of stay for surgery acute care services.

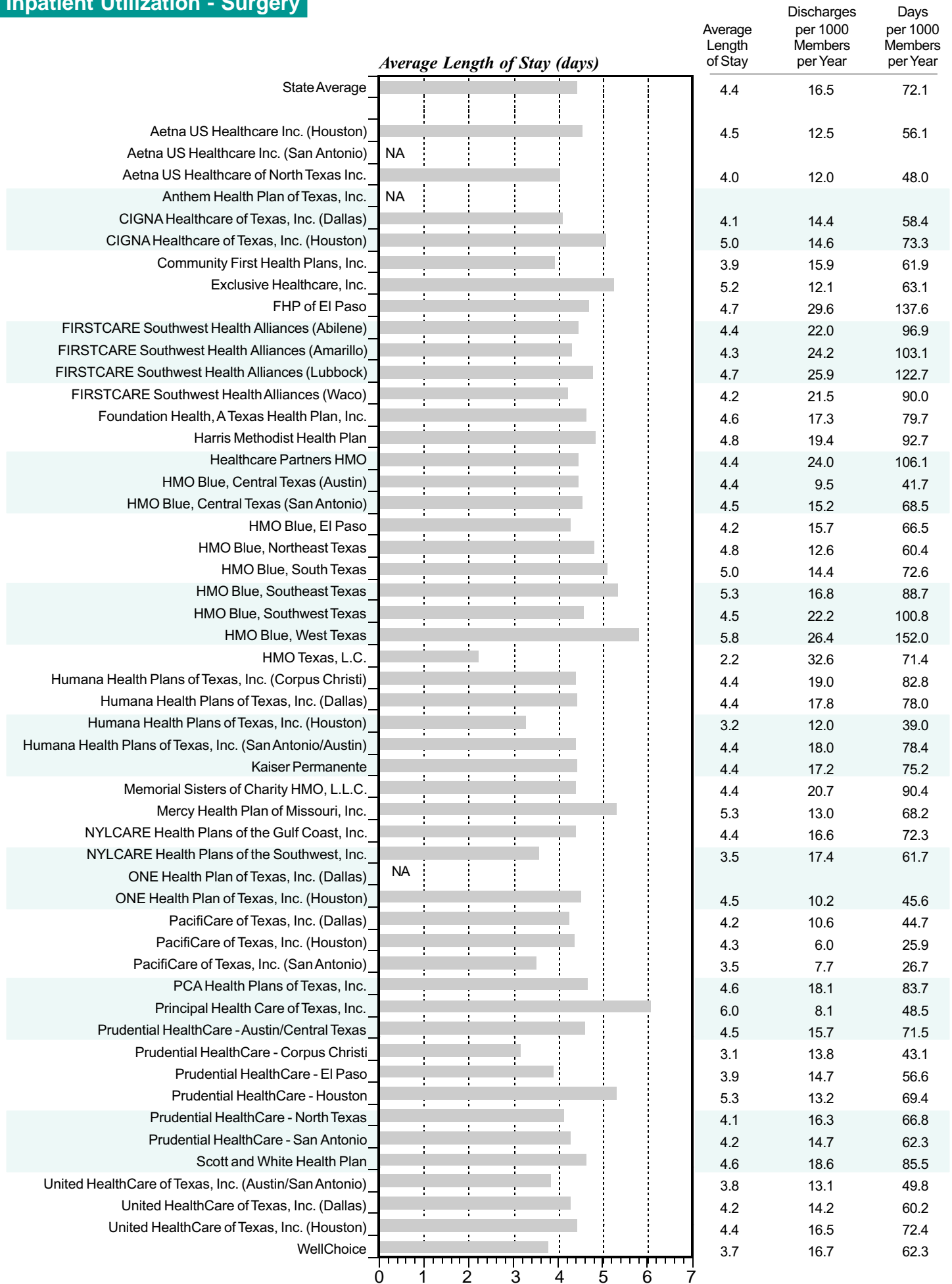
Inpatient Utilization - Surgery estimates the extent that plan members were admitted to a hospital for surgical treatment. Included in the reporting is the number of hospital admissions for the reporting period and how long the patient stayed. In turn, this information enables the calculation of average lengths of stay, discharges per 1,000 members per year, and hospital days per 1,000 members per year. This information is presented for each plan on the opposite page.

Texas Average

Average Length of Stay	4.4 days
Discharges/1,000 members/year	16.5
Days/1,000 members/year	72.1

NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported

Inpatient Utilization - Surgery



Inpatient Utilization - Maternity

Summary measures of discharges per 1,000 members per year, days per 1,000 members per year, and average length of stay for maternity acute care services.

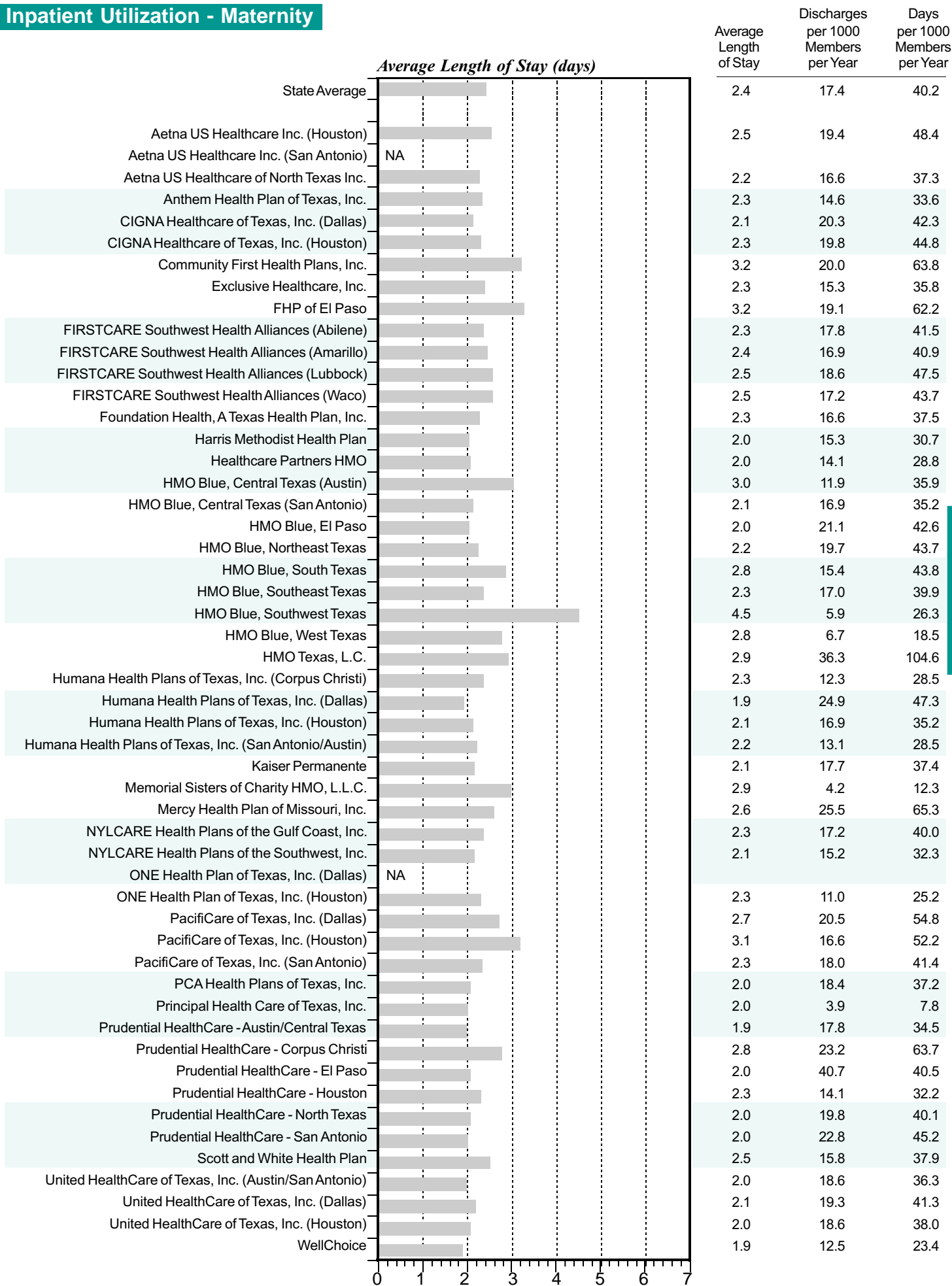
A large number of hospital admissions are for childbirth. This measure describes aspects of hospital care among maternity patients. Included in the reporting is the number of hospital admissions for the reporting period and how long the patient stayed. In turn, this information enables the calculation of average lengths of stay, discharges per 1,000 members per year, and hospital days per 1,000 members per year. This information is presented for each plan on the opposite page.

Texas Average

Average Length of Stay	2.4 days
Discharges/1,000 members/year	17.4
Days/1,000 members/year	40.2

NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported

Inpatient Utilization - Maternity



Cesarean Section Rate

Summary measures of maternity-related care (c-section rate, average length of stay, and total deliveries) for women enrolled in a health plan who had a live birth delivered by cesarean section in 1997.

A study conducted in the early 1990's demonstrated that C-sections were performed for the following reasons: C-Section after prior cesarean (35%), diagnosis and management of difficult and prolonged labor (30%), breech presentation (12%), fetal distress (9%), and 'other' (14%)¹. The Healthy People 2000 goal is to decrease to 15% or less the proportion of women who receive C-Sections¹.

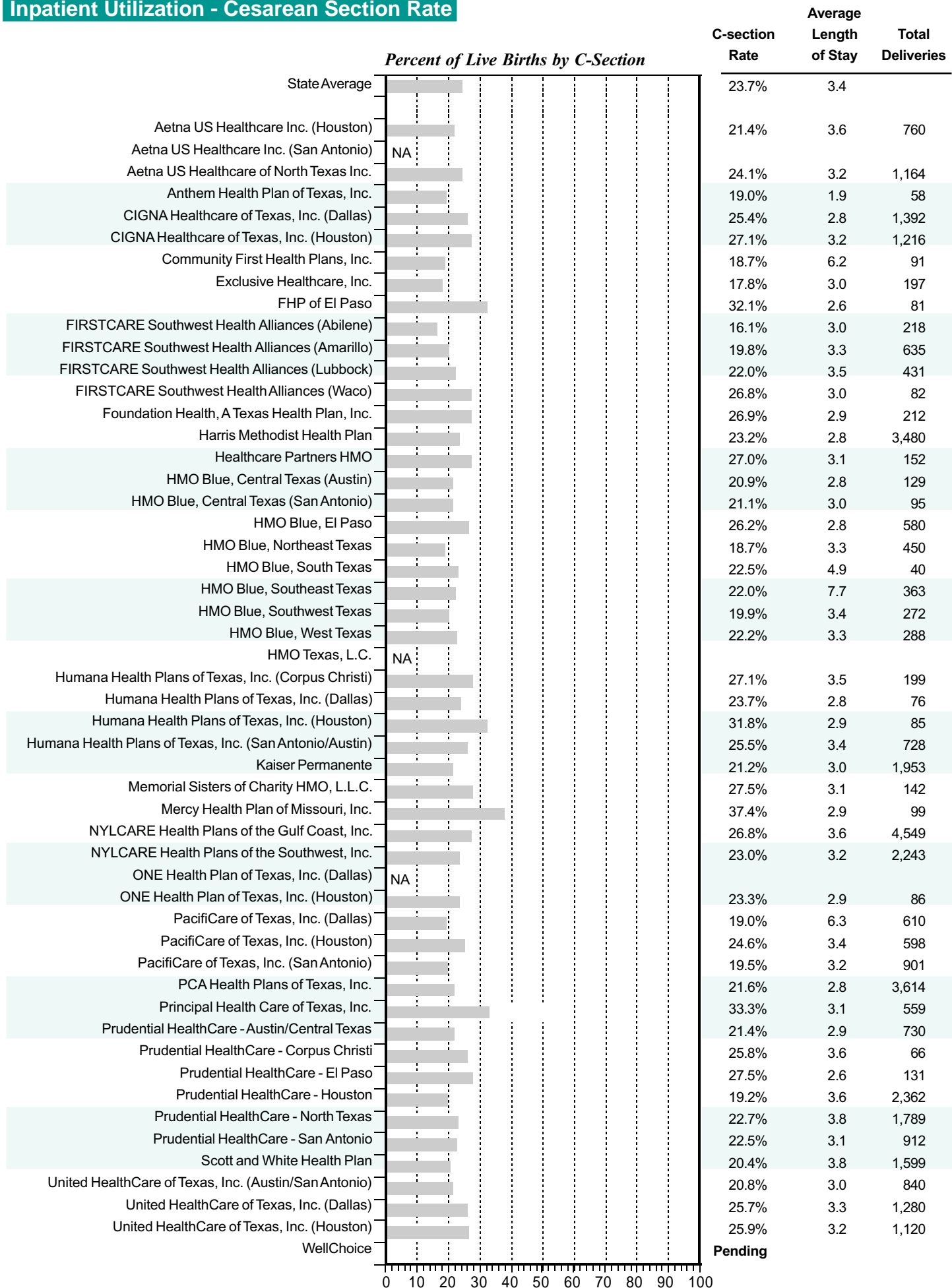
1. Data Verification Project HEDIS 3.0 - 1996 Results Technical Report (1997), North Central Texas HEDIS Coalition, Arlington, Texas.

Texas Average

C-section rate 23.7%
Average Length of Stay 3.4 days

NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported

Inpatient Utilization - Cesarean Section Rate



Vaginal Birth After C-Section (VBAC)

Summary measures of maternity-related care (VBAC rate, average length of stay, and total deliveries) for women, enrolled in a health plan, with a prior C-section, who had a live birth delivered vaginally in 1997.

In addition to trying to reduce the number of C-sections, physicians are now reversing the trend of ‘once a C-Section always a C-Section’. Vaginal birth after C-Section (VBAC) is increasing in an attempt to reduce the risks and costs imposed on the mother by undergoing the C-Section. The Healthy People 2000 goal for VBACs is 35%¹.

1. Data Verification Project HEDIS 3.0 - 1996 Results Technical Report (1997), North Central Texas HEDIS Coalition, Arlington, Texas.

Texas Average

VBAC rate 31.6%
Average length of stay 1.9 days

NR - Failed to submit the required data or data not certified by NCQA licensed auditor
NA - HMOs with fewer than 30 patients for this measure are not reported

Inpatient Utilization - Vaginal Birth after C-Section Rate

	VBAC Rate	Average Length of Stay	Total Deliveries with Prior C-section
<i>Percent of VBAC Births</i>			
State Average	31.6%	1.9	
Aetna US Healthcare Inc. (Houston)	53.4%	1.9	103
Aetna US Healthcare Inc. (San Antonio)	NA		
Aetna US Healthcare of North Texas Inc.	37.0%	2.1	108
Anthem Health Plan of Texas, Inc.	NA		
CIGNA Healthcare of Texas, Inc. (Dallas)	30.1%	1.7	183
CIGNA Healthcare of Texas, Inc. (Houston)	18.8%	1.8	170
Community First Health Plans, Inc.	NA		
Exclusive Healthcare, Inc.	NA		
FHP of El Paso	NA		
FIRSTCARE Southwest Health Alliances (Abilene)	NA		
FIRSTCARE Southwest Health Alliances (Amarillo)	39.8%	2.3	83
FIRSTCARE Southwest Health Alliances (Lubbock)	19.2%	2.2	52
FIRSTCARE Southwest Health Alliances (Waco)	NA		
Foundation Health, A Texas Health Plan, Inc.	33.3%	2.6	57
Harris Methodist Health Plan	32.1%	1.8	464
Healthcare Partners HMO	NA		
HMO Blue, Central Texas (Austin)	NA		
HMO Blue, Central Texas (San Antonio)	NA		
HMO Blue, El Paso	25.8%	1.7	93
HMO Blue, Northeast Texas	43.9%	2.2	57
HMO Blue, South Texas	NA		
HMO Blue, Southeast Texas	38.9%	2.8	54
HMO Blue, Southwest Texas	NA		
HMO Blue, West Texas	27.0%	2.8	37
HMO Texas, L.C.	NA		
Humana Health Plans of Texas, Inc. (Corpus Christi)	NA		
Humana Health Plans of Texas, Inc. (Dallas)	NA		
Humana Health Plans of Texas, Inc. (Houston)	NA		
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	61.3%	1.6	62
Kaiser Permanente	38.6%	1.7	70
Memorial Sisters of Charity HMO, L.L.C.	NA		
Mercy Health Plan of Missouri, Inc.	NA		
NYLCARE Health Plans of the Gulf Coast, Inc.	1.9%	2.0	1,266
NYLCARE Health Plans of the Southwest, Inc.	17.2%	2.0	546
ONE Health Plan of Texas, Inc. (Dallas)	NA		
ONE Health Plan of Texas, Inc. (Houston)	NA		
PacifiCare of Texas, Inc. (Dallas)	35.3%	1.4	68
PacifiCare of Texas, Inc. (Houston)	22.2%	2.2	81
PacifiCare of Texas, Inc. (San Antonio)	43.5%	1.7	108
PCA Health Plans of Texas, Inc.	31.9%	1.7	442
Principal Health Care of Texas, Inc.	15.8%	1.8	101
Prudential HealthCare - Austin/Central Texas	25.5%	1.7	55
Prudential HealthCare - Corpus Christi	NA		
Prudential HealthCare - El Paso	NA		
Prudential HealthCare - Houston	23.5%	1.6	85
Prudential HealthCare - North Texas	34.0%	1.7	200
Prudential HealthCare - San Antonio	31.2%	1.5	125
Scott and White Health Plan	39.1%	1.8	46
United HealthCare of Texas, Inc. (Austin/San Antonio)	40.4%	1.7	99
United HealthCare of Texas, Inc. (Dallas)	29.8%	1.6	178
United HealthCare of Texas, Inc. (Houston)	26.2%	1.6	145
WellChoice	NA		

Health Plan Descriptive Information

Accreditation Status and Enrollment

Accreditation is an evaluation process that determines how well a health plan manages all parts of its delivery system in providing and continually improving care and service for its members. NCQA began accrediting managed care organizations in 1991 in response to the need for standardized, objective information about the quality of these organizations. Although participation is voluntary, NCQA's accreditation program has been accepted by purchasers, consumers, and health plans alike as an objective indicator of the quality of these organizations.

Accreditation status is not a guarantee of the quality of care that an individual patient will receive. Nor is it a guarantee that any individual physician or other provider delivers quality care. However, plans that are accredited have demonstrated that they meet the standards of care established by NCQA and that they closely monitor and are dedicated to continuously improving the services they deliver.

Plan Accreditation Status and Enrollment*

Plans	Members Enrolled*	Accreditation Status
Aetna US Healthcare Inc. (Houston)	27,329	
Aetna US Healthcare Inc. (San Antonio)	NR	
Aetna US Healthcare of North Texas Inc.	55,137	FULL (1)
Anthem Health Plan of Texas, Inc.	117,767	
CIGNA Healthcare of Texas, Inc. (Dallas)	134,104	FULL (1)
CIGNA Healthcare of Texas, Inc. (Houston)	167,109	1 YR(1)
Community First Health Plans, Inc.	2,265	
Exclusive Healthcare, Inc.	12,986	
FHP of El Paso	DNR	
FIRSTCARE Southwest Health Alliances (Abilene)	14,515	
FIRSTCARE Southwest Health Alliances (Amarillo)	47,775	
FIRSTCARE Southwest Health Alliances (Lubbock)	28,469	
FIRSTCARE Southwest Health Alliances (Waco)	4,563	
Foundation Health, A Texas Health Plan, Inc.	8,622	
Harris Methodist Health Plan	229,620	FULL (1)
Healthcare Partners HMO	3,544	
HMO Blue, Central Texas (Austin)	6,006	
HMO Blue, Central Texas (San Antonio)	3,272	
HMO Blue, El Paso	26,475	
HMO Blue, Northeast Texas	16,240	
HMO Blue, South Texas	2,824	
HMO Blue, Southeast Texas	15,422	
HMO Blue, Southwest Texas	10,189	
HMO Blue, West Texas	11,019	
HMO Texas, L.C.	1,313	
Humana Health Plans of Texas, Inc. (Corpus Christi)	15,230	FULL (3)
Humana Health Plans of Texas, Inc. (Dallas)	4,315	FULL (3)
Humana Health Plans of Texas, Inc. (Houston)	4,621	FULL (3)
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	58,383	FULL (3)
Kaiser Permanente	120,839	FULL (2)
Memorial Sisters of Charity HMO, L.L.C.	2,154	
Mercy Health Plan of Missouri, Inc.	NR	
NYLCARE Health Plans of the Gulf Coast, Inc.	306,032	FULL (1)
NYLCARE Health Plans of the Southwest, Inc.	166,963	FULL (1)
ONE Health Plan of Texas, Inc. (Dallas)	224	
ONE Health Plan of Texas, Inc. (Houston)	1,087	
PacifiCare of Texas, Inc. (Dallas)	27,879	
PacifiCare of Texas, Inc. (Houston)	37,323	
PacifiCare of Texas, Inc. (San Antonio)	59,707	
PCA Health Plans of Texas, Inc.	209,498	
Principal Health Care of Texas, Inc.	35,988	
Prudential HealthCare - Austin/Central Texas	100,591	FULL (1)
Prudential HealthCare - Corpus Christi	1,887	
Prudential HealthCare - El Paso	3,695	
Prudential HealthCare - Houston	181,242	FULL (1)
Prudential HealthCare - North Texas	84,832	FULL (1)
Prudential HealthCare - San Antonio	45,090	FULL (2)
Scott and White Health Plan	112,387	1 YR(2)
United HealthCare of Texas, Inc. (Austin/San Antonio)	63,943	
United HealthCare of Texas, Inc. (Dallas)	139,654	
United HealthCare of Texas, Inc. (Houston)	223,741	
WellChoice	408	

(1) New review is scheduled.

(2) New decision is pending.

(3) Merger/consolidation review pending.

NR - Not required to submit data because of a small enrollment, did not report due to problems collecting data, failed to submit the required data.

DNR - The audit for FHP of El Paso was not completed until after the reporting deadline. Information about this HMO will be included in future publications.

*Enrollment as of 12/31/96

Board Certification and Residency Completion

Board certification and residency completion are process measures which provide information on a health plan's structure and staffing rather than its overall performance. Although the quality of a health plan's physicians has an impact on the quality of care it is able to provide, these measures alone do not directly measure the quality of each physician that are affiliated with a particular health plan. Physicians who have practiced for some time, or physicians practicing in rural areas, may be less likely to have board certification.

The measures shown on the opposite page, which detail the proportion of plan physicians who have sought and obtained board certification and completed residency training, provide basic information on the qualifications of the plan's physicians. For information on other board certification and residency rates please see the Tabular Appendix (pages 107-108).

Board Certification and Residency Completion (Primary Care Physicians and OB/GYNs)

Plan	Primary Care			OB/GYN		
	Number	% Board Certified	% Residency Completed	Number	% Board Certified	% Residency Completed
Aetna US Healthcare Inc. (Houston)	1,047	72.9%	NR	321	75.4%	NR
Aetna US Healthcare Inc. (San Antonio)	143	60.8%	NR	109	80.7%	NR
Aetna US Healthcare of North Texas Inc.	1,142	83.5%	NR	347	88.2%	NR
Anthem Health Plan of Texas, Inc.	3,791	51.6%	60.6%	771	61.2%	73.3%
CIGNA Healthcare of Texas, Inc. (Dallas)	985	80.3%	NR	344	84.6%	NR
CIGNA Healthcare of Texas, Inc. (Houston)	1,611	62.7%	NR	631	73.4%	NR
Community First Health Plans, Inc.	178	64.0%	86.5%	104	79.8%	97.1%
Exclusive Healthcare, Inc.	NR	NR	NR	NR	NR	NR
FHP of El Paso	95	71.6%	73.7%	32	62.5%	71.9%
FIRSTCARE Southwest Health Alliances (Abilene)	115	73.9%	74.8%	18	83.3%	83.3%
FIRSTCARE Southwest Health Alliances (Amarillo)	115	60.0%	68.7%	37	56.8%	62.2%
FIRSTCARE Southwest Health Alliances (Lubbock)	205	62.9%	66.3%	67	52.2%	53.7%
FIRSTCARE Southwest Health Alliances (Waco)	101	85.1%	88.1%	27	63.0%	63.0%
Foundation Health, A Texas Health Plan, Inc.	1,454	56.5%	0.0%	704	83.5%	0.0%
Harris Methodist Health Plan	1,648	75.7%	85.4%	504	80.0%	91.5%
Healthcare Partners HMO	182	73.6%	91.2%	35	71.4%	100.0%
HMO Blue, Central Texas (Austin)	269	84.4%	95.5%	77	85.7%	97.4%
HMO Blue, Central Texas (San Antonio)	90	63.3%	85.6%	41	78.0%	95.1%
HMO Blue, El Paso	48	64.6%	NR	14	71.4%	NR
HMO Blue, Northeast Texas	764	79.3%	NR	214	86.4%	NR
HMO Blue, South Texas	110	66.4%	NR	31	74.2%	NR
HMO Blue, Southeast Texas	594	70.4%	NR	152	67.1%	NR
HMO Blue, Southwest Texas	227	69.2%	NR	48	66.7%	NR
HMO Blue, West Texas	256	66.4%	NR	42	59.5%	NR
HMO Texas, L.C.	369	56.6%	76.4%	87	67.8%	95.4%
Humana Health Plans of Texas, Inc. (Corpus Christi)	213	60.6%	88.3%	46	67.4%	100.0%
Humana Health Plans of Texas, Inc. (Dallas)	330	74.2%	86.7%	174	81.0%	94.3%
Humana Health Plans of Texas, Inc. (Houston)	204	65.2%	90.7%	111	74.8%	98.2%
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	578	72.5%	88.8%	226	75.2%	92.0%
Kaiser Permanente	61	88.5%	100.0%	16	87.5%	100.0%
Memorial Sisters of Charity HMO, L.L.C.	771	57.7%	66.9%	178	56.7%	70.8%
Mercy Health Plan of Missouri, Inc.	63	17.5%	NR	75	32.0%	NR
NYLCARE Health Plans of the Gulf Coast, Inc.	2,015	66.2%	74.9%	517	73.7%	83.2%
NYLCARE Health Plans of the Southwest, Inc.	1,290	77.9%	91.1%	421	84.3%	95.0%
ONE Health Plan of Texas, Inc. (Dallas)	675	65.2%	NR	200	82.5%	NR
ONE Health Plan of Texas, Inc. (Houston)	677	57.8%	NR	142	64.8%	NR
PacifiCare of Texas, Inc. (Dallas)	817	73.6%	80.2%	239	80.8%	84.5%
PacifiCare of Texas, Inc. (Houston)	939	68.1%	74.3%	214	74.3%	78.5%
PacifiCare of Texas, Inc. (San Antonio)	255	72.9%	77.6%	56	76.8%	80.4%
PCA Health Plans of Texas, Inc.	2,893	66.5%	97.0%	787	75.6%	100.0%
Principal Health Care of Texas, Inc.	415	55.9%	85.8%	113	43.4%	96.5%
Prudential HealthCare - Austin/Central Texas	NR	NR	NR	NR	NR	NR
Prudential HealthCare - Corpus Christi	NR	NR	NR	NR	NR	NR
Prudential HealthCare - El Paso	137	78.1%	91.2%	47	57.4%	87.2%
Prudential HealthCare - Houston	NR	NR	NR	NR	NR	NR
Prudential HealthCare - North Texas	1,202	78.0%	87.7%	421	76.2%	91.2%
Prudential HealthCare - San Antonio	NR	NR	NR	NR	NR	NR
Scott and White Health Plan	208	91.3%	100.0%	31	80.6%	100.0%
United HealthCare of Texas, Inc. (Austin/San Antonio)	NR	NR	NR	NR	NR	NR
United HealthCare of Texas, Inc. (Dallas)	NR	NR	NR	NR	NR	NR
United HealthCare of Texas, Inc. (Houston)	NR	NR	NR	NR	NR	NR
WellChoice	319	69.6%	78.4%	110	67.3%	79.1%

Use of Service Measures

Member Satisfaction

To enable consumers to benefit from the experiences of others, HEDIS includes a member satisfaction domain. Data gathered for this domain form a window into the attitudes held by current health plan members toward their HMO. What are a plan's strengths and weakness? Are plan members generally satisfied with the service they receive? Do plan members receive the care they need when they need it? Member satisfaction is an important complement to the other HEDIS domains to help consumers answer these pivotal questions.

The standardized survey instrument employed for the member satisfaction domain of HEDIS 3.0/1998 was administered through the mail to a representative sample of each plan's membership. Approximately 1,860 surveys were sent out for each HMO to current plan members age 18 years and older who were enrolled in the HMO throughout 1997. Health plans with fewer than 1,860 eligible members were instructed to survey their entire membership. HEDIS sampling methods permitted only one member per household to participate in the survey. To ensure the independence and reliability of survey results, NCQA required health plans to individually contract with a third-party research firm for all sampling and administration related to the survey. This chapter reports survey results for those items believed to be most informative with respect to member satisfaction and health plan quality (for a tabular listing of all survey results, please see the Tabular Appendix, pages 93-106).

The graphics that follow present results for individual Texas health plans and the state average for selected member satisfaction measures. Each figure includes a point estimate, a confidence interval, and the results of a statistical significance test. Measures are reported with an equal sign ('=') when plan performance is not rated as statistically different from the average of all plans in the state. Otherwise, the measure is reported as either higher ('^') or lower ('v') than the state average. Please keep in mind that higher does not always mean better, e.g., delays in medical care.

Some values are suppressed. Rates calculated from less than 30 denominator observations along with results from surveys having a response rate of 25% or less or a sampling frame of less than 500 members are reported with an "NA" (Not Applicable).

Overall Member Satisfaction

Satisfaction with current HMO

All things considered, how satisfied are you with your current health plan?

- Completely satisfied*
- Very satisfied*
- Somewhat satisfied*
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Completely dissatisfied.

This measure indicates the percent of members who are **completely satisfied, very satisfied, or somewhat satisfied** with their current health plan.

All things considered, a health plan's ability to provide health care and services, efficient administration, and an adequate selection of providers from which to choose will affect how it is perceived by its members. This measure is an indicator of plan member's overall perceptions of plan performance during 1997.

Please refer to the Tabular Appendix (pages 95-96) for additional member satisfaction measures.

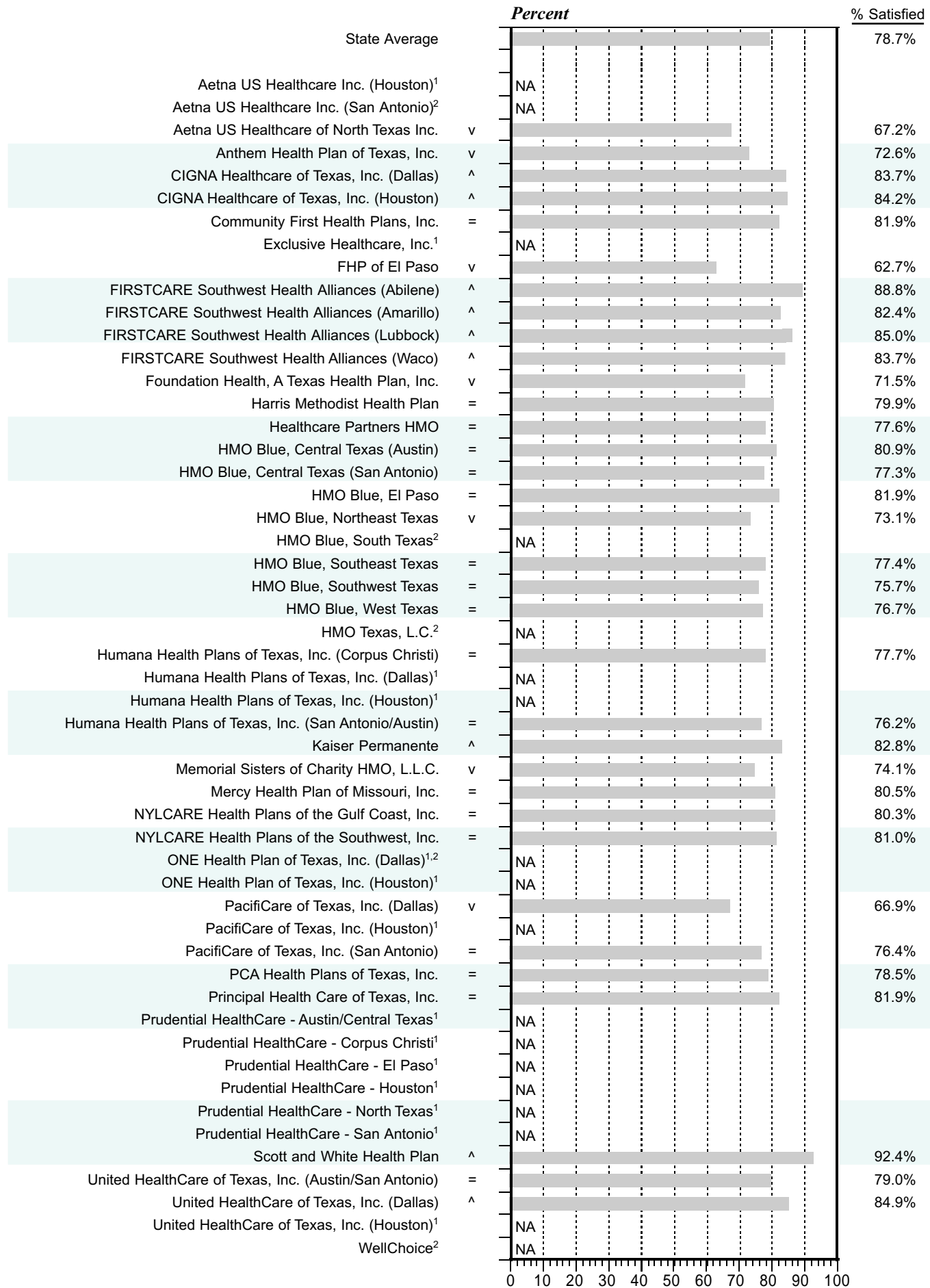
Texas Average

Satisfaction with Current HMO78.7%

1-excluded from report because of response rate

2-excluded from report because of the number mailed out

Satisfaction with Current HMO



Overall Member Satisfaction

Improvement of current HMO

Over the last 12 months, did your plan's OVERALL performance get better, stay the same or get worse?

-Much better

-Somewhat better

-Stayed the same

-Somewhat worse

-Much worse.

This question measures the percent of members indicating that their health plan's performance improved (was much better or somewhat better) than the previous year.

The ability of a health plan to maintain or improve its performance is an important indicator of its commitment to customer service, quality care, and meeting its members needs. This measure is an indicator of a plan's ability to maintain or improve services during 1997.

Please refer to the Tabular Appendix (pages 95-96) for additional member satisfaction measures.

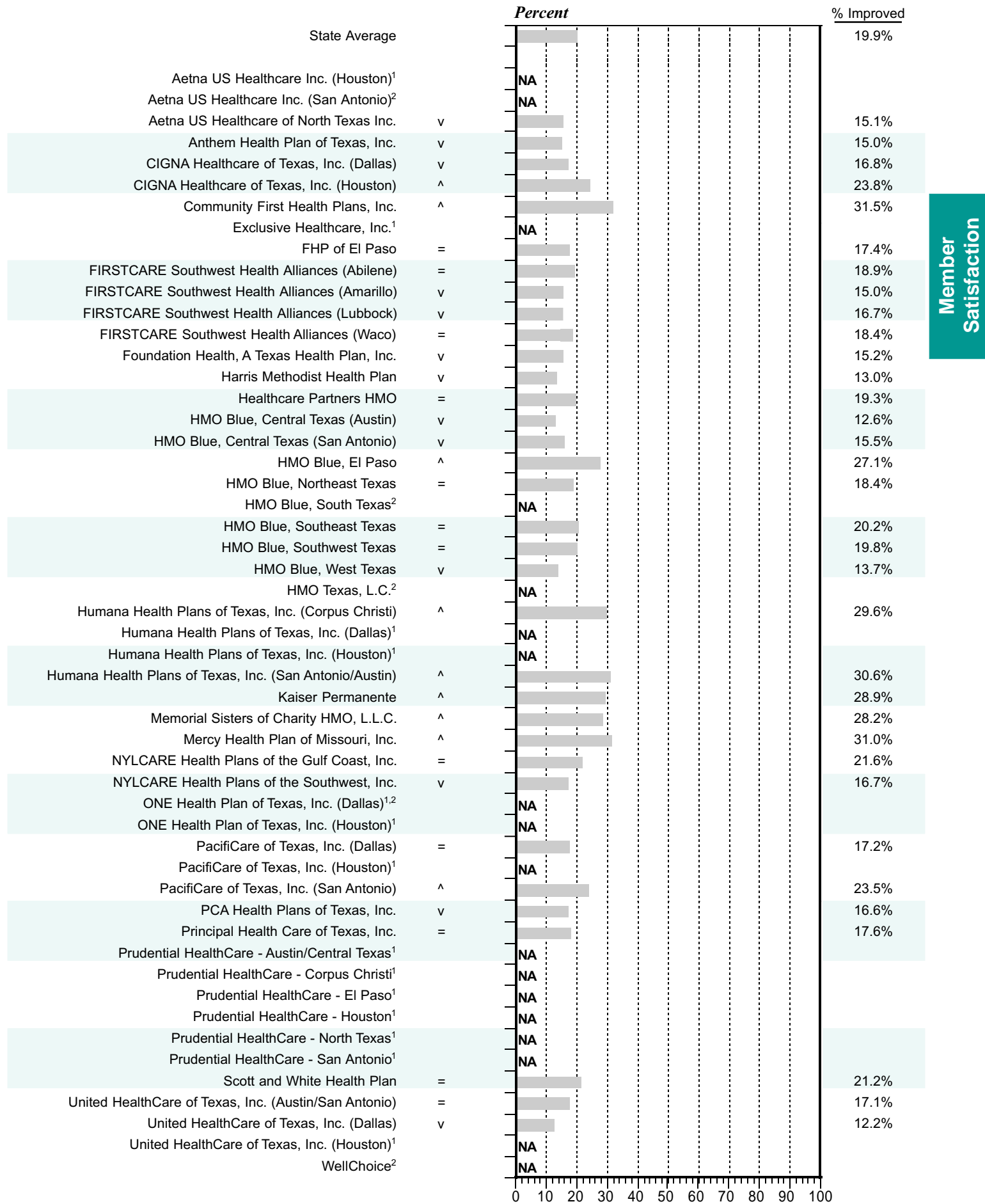
Texas Average

Improvement of Current HMO 19.9%

1-excluded from report because of response rate

2-excluded from report because of the number mailed out

Improvement of Current HMO



Overall Member Satisfaction

Would Recommend HMO

Would you recommend your current health plan to your family or friends if they needed care?

-Definitely yes

-Probably yes

-Probably not

-Definitely not.

This question measures the percent of members indicating they **would definitely or probably recommend their current health plan to family or friends.**

Health plans, like any other business, rely on word of mouth recommendations from their customers to recruit new members. Members are more likely to influence acquaintances to choose their plan if they are satisfied with the services and benefits that they are currently receiving. Conversely, negative feedback from current members to potential members will not only discourage potential members, but could also indicate that current members may look elsewhere for health care.

Please refer to the Tabular Appendix (pages 95-96) for additional member satisfaction measures.

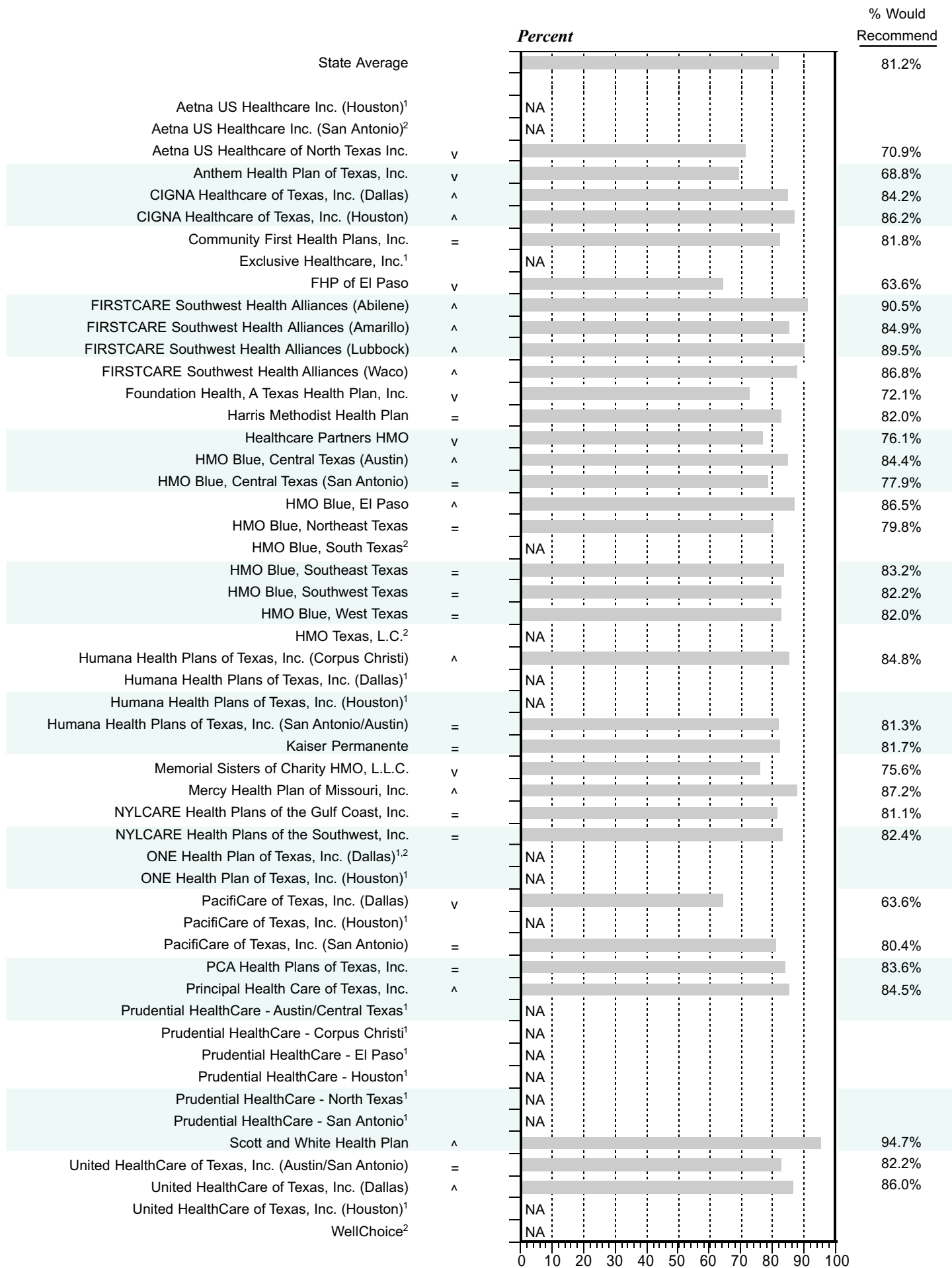
Texas Average

Would recommend HMO 81.2%

1-excluded from report because of response rate

2-excluded from report because of the number mailed out

Would Recommend HMO



Overall Member Satisfaction

Dissatisfaction with HMO

Do you intend to switch to a different health plan when you have an opportunity?

-Definitely yes

-Probably yes

-Probably not

-Definitely not.

This question measures the percent of members indicating they **would definitely or probably switch to a different health plan when their next opportunity arises.**

The ability of a health plan to retain its current members is an indication that it is effectively providing administration of needed services. A high percentage for this measure suggests that members are dissatisfied with the service the plan provides.

Please note that for this measure, a lower rate is considered better. Please refer to the Tabular Appendix (pages 95-96) for additional member satisfaction measures.

Texas Average

Loyalty to HMO 17.5%

1-excluded from report because of response rate

2-excluded from report because of the number mailed out

Dissatisfaction with HMO



Plan Administration

Availability of information

Thinking about your own health care and the services you received from your health plan over the last 12 months, how would you rate the availability of information from your plan about eligibility, covered services, or administrative issues?

- Excellent
- Very good
- Good
- Fair
- Poor
- No experience.

The percent of members rating their current health plan **excellent, very good, or good** during 1997.

Health plan members who have information on eligibility, covered services, and health plan administration are better able to make decisions about their health care choices. Clearly written and readily available brochures which outline benefits, co-payments, and procedures decrease the possibility of miscommunication between plan and member. Further, information provided by plans often provide guidance on preventive health care practices, answers to frequently asked questions, as well as announcements describing new or additional benefits which may be of interest to plan members.

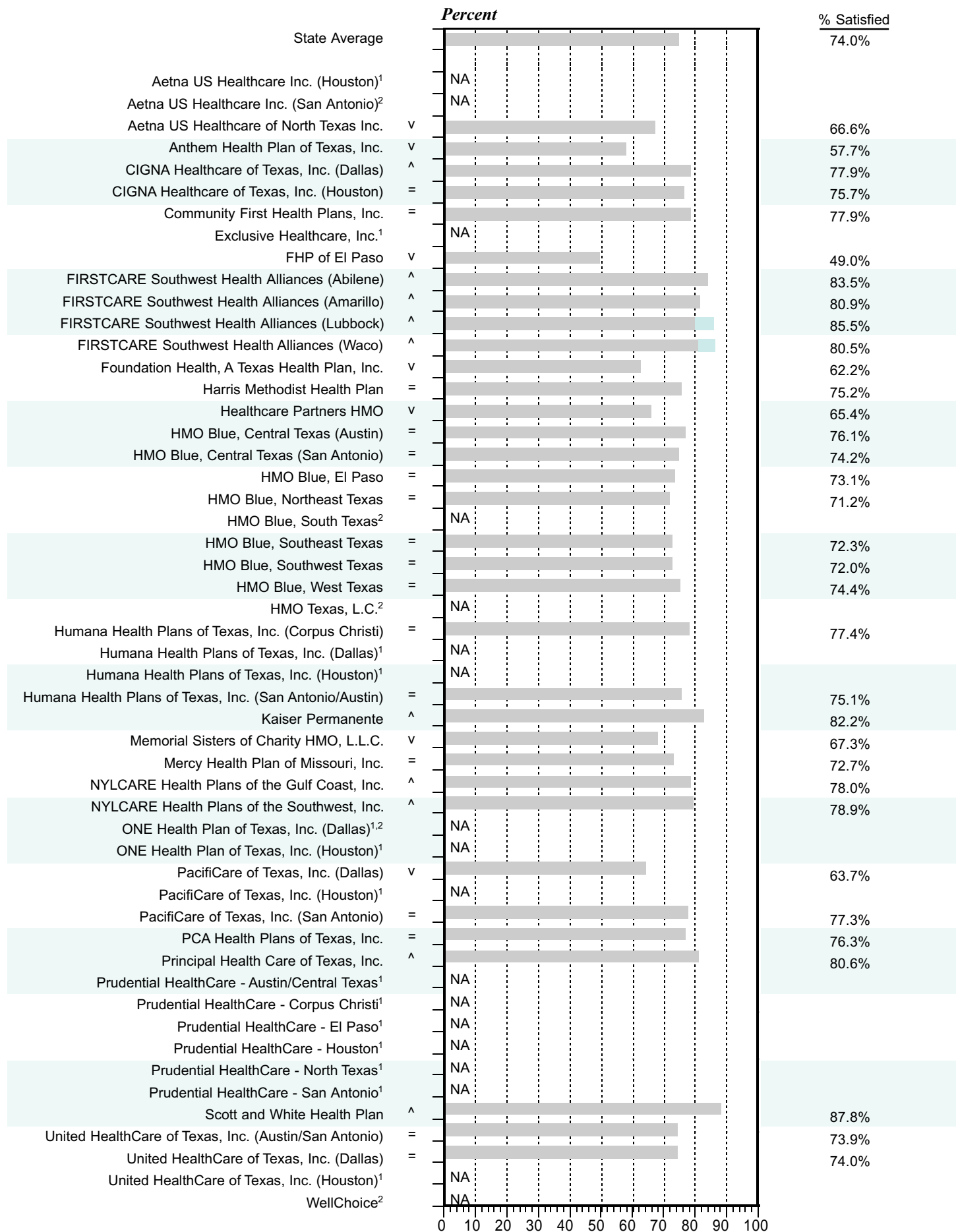
Please refer to the Tabular Appendix (page 97) for additional measures of satisfaction with plan administration.

Texas Average

Availability of Information 74.0%

1-excluded from report because of response rate
2-excluded from report because of the number mailed out

Availability of Information



Health Care

Ease of choosing a personal physician

Thinking about your own health care and the services you received from your plan over the last 12 months, how would you rate the ease of choosing a personal physician?

- Excellent
- Very good
- Good
- Fair
- Poor
- No experience.

The percent of members rating their current health plan excellent, very good, or good.

The key for the successful functioning of an HMO is a member's ability to select a primary care physician (PCP). Because the PCP is responsible for coordinating the care a patient receives, the physician-patient relationship can influence whether a member will seek care when needed, will influence the member to follow physician's instructions, and ultimately can influence a members' satisfaction with the HMO.

Please refer to the Tabular Appendix (pages 98-99) for additional measures of satisfaction with health care.

Texas Average

Ease of choosing a personal physician ... 69.9%

1-excluded from report because of response rate

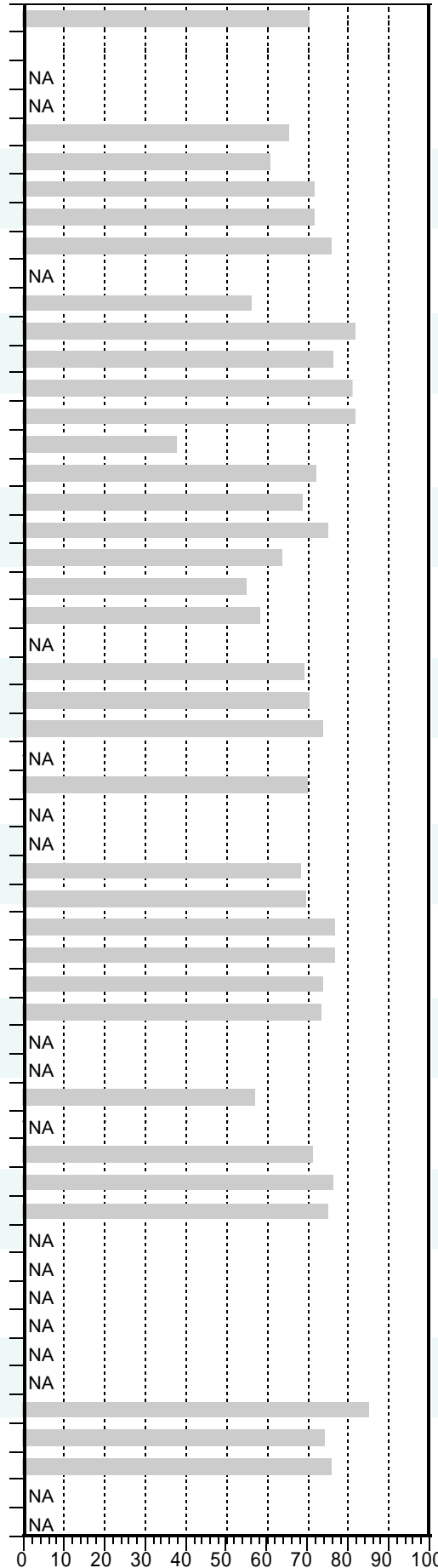
2-excluded from report because of the number mailed out

Ease of choosing a personal physician

Percent

% Satisfied

State Average



Member Satisfaction

Health Services

Percent of members not seen by a provider

In the last 12 months, about how many visits did you make for yourself to a doctor's office, clinic, or emergency room? (This does not include staying overnight in a hospital or going to the dentist)

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits.

The percent of members indicating no (none) visits to a doctor's office, clinic, or hospital emergency room in the last 12 months.

Obtaining preventive health care through annual check-ups is a responsibility that members have to ensure potential health problems are caught and treated before they become more serious and costly to treat. It is also the responsibility of the plan to make health care readily available by removing administrative, cost, or access barriers which could discourage members to seek health care.

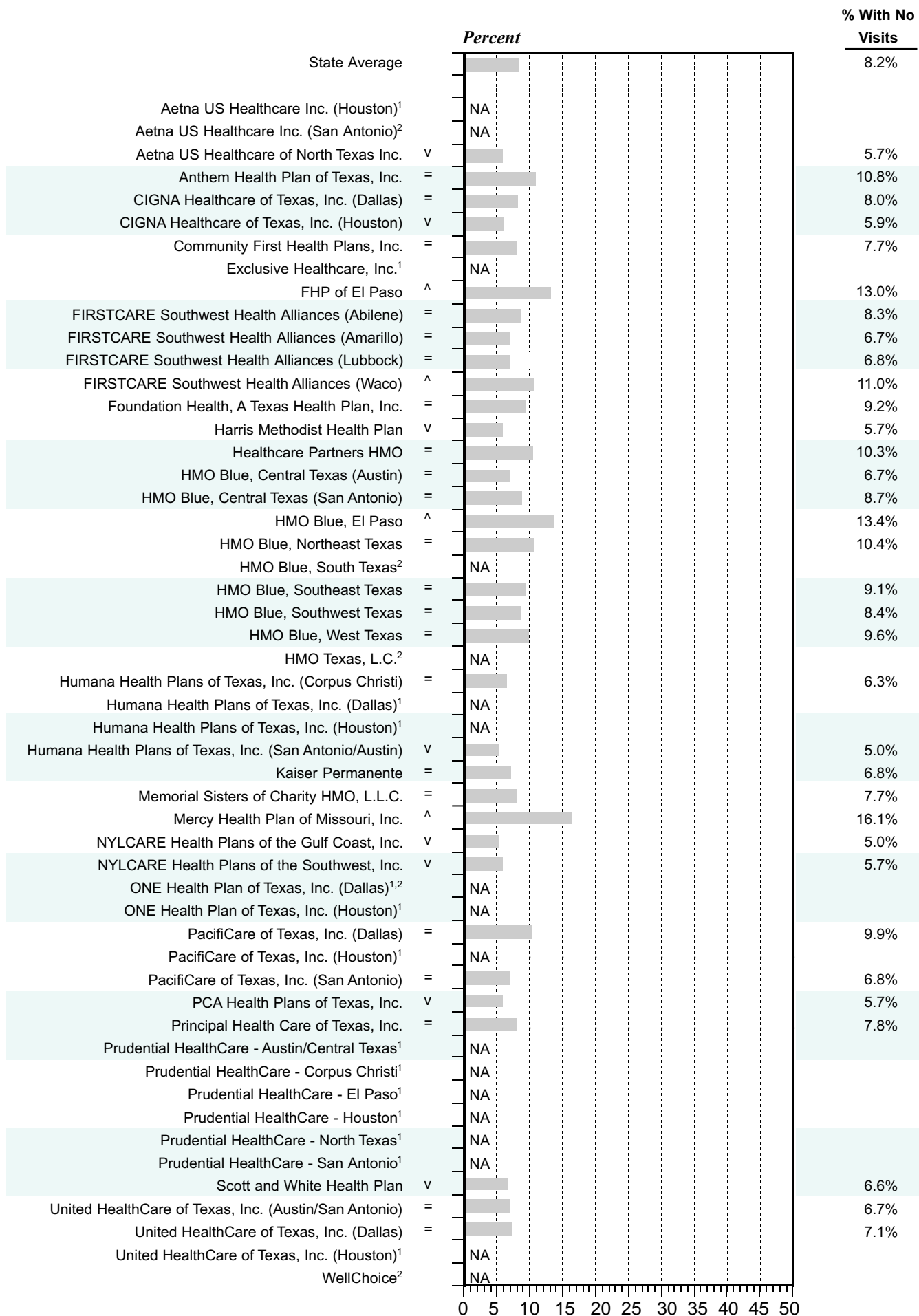
Please refer to the Tabular Appendix (pages 100-103) for additional measures of satisfaction with health services.

Texas Average

Percent of members not seen by a provider 8.2%

1-excluded from report because of response rate
2-excluded from report because of the number mailed out

Percent of members not seen by a provider



Visits to non-covered doctors

In the last 12 months, did you make any visits for yourself to a doctor or other health care professional not covered by your plan.

-Yes

-No.

The percent of members who in the last 12 months visited a doctor or other health care professional not covered by the member's health plan. **Please note that a lower rate is considered better.**

The ability to choose is a fundamental factor of member satisfaction. Plan members often have previously established relationships with physicians who they feel comfortable with and prefer to use. If the doctor is not part of the plan's physician network, the member may choose to pay out of pocket to use that physician. Conversely, some plans may have limited choices of physicians or specialists from which to choose, forcing the member to seek care from a non-affiliated physician.

Please refer to the Tabular Appendix (pages 100-103) for additional measures of satisfaction with health services.

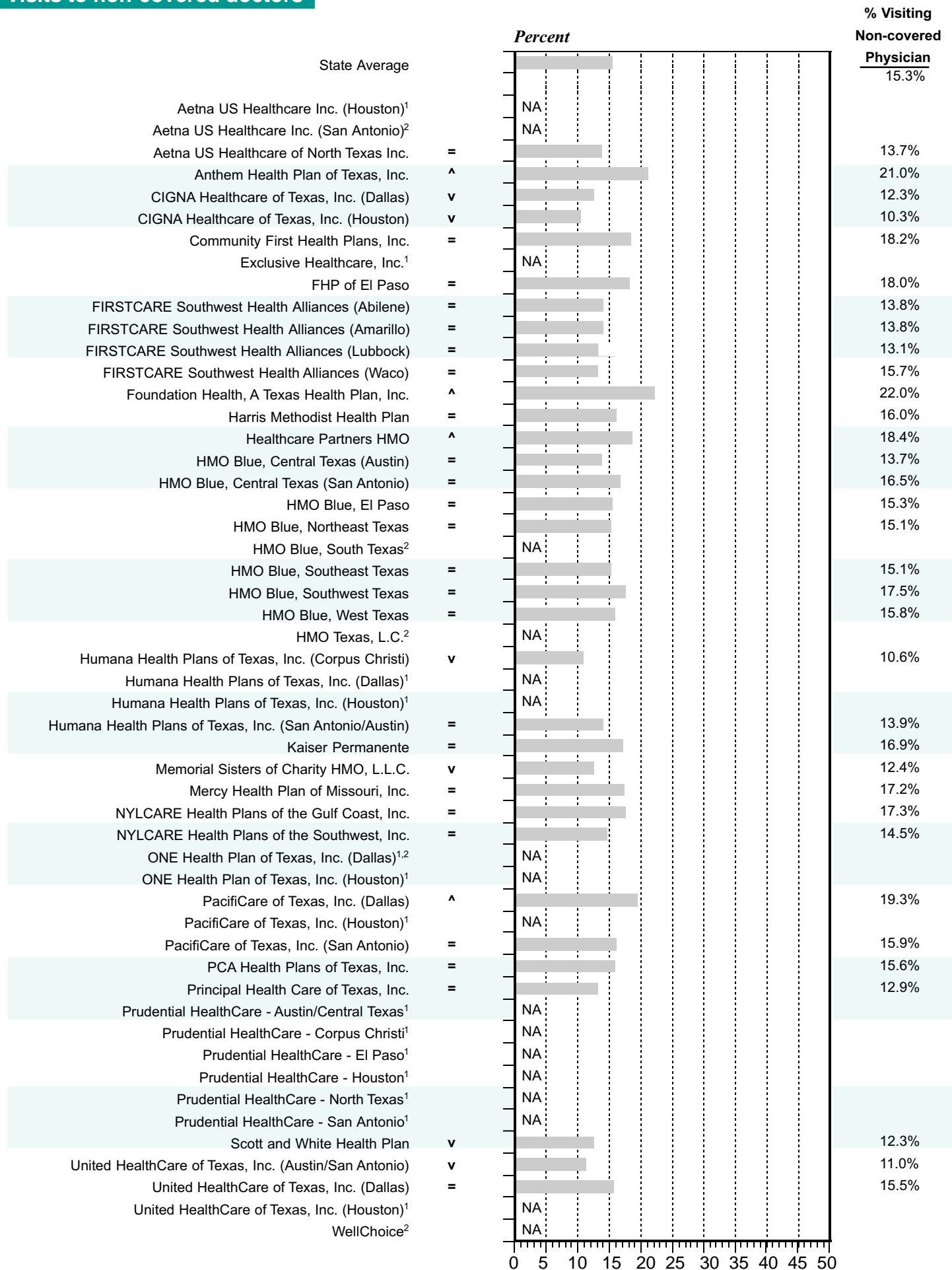
Texas Average

Visits to non-covered doctors 15.3%

1-excluded from report because of response rate

2-excluded from report because of the number mailed out

Visits to non-covered doctors



Health Services

Service not covered by plan

In the last 12 months, why did you make visits for yourself to a doctor or other health care professional that were not covered by your plan
-Service not covered by plan

The percent of members visiting a non-covered doctor in the last 12 months who did so because their health plan did not cover a service. **Please note that a lower rate is considered better.**

Plan members may require services which are unavailable, are not covered by their plan, or are restricted by the plan. In other instances, the patient’s caregiver may not believe that a particular treatment is warranted. In either case, members may choose to obtain services not covered by the plan and pay for those services out-of-pocket.

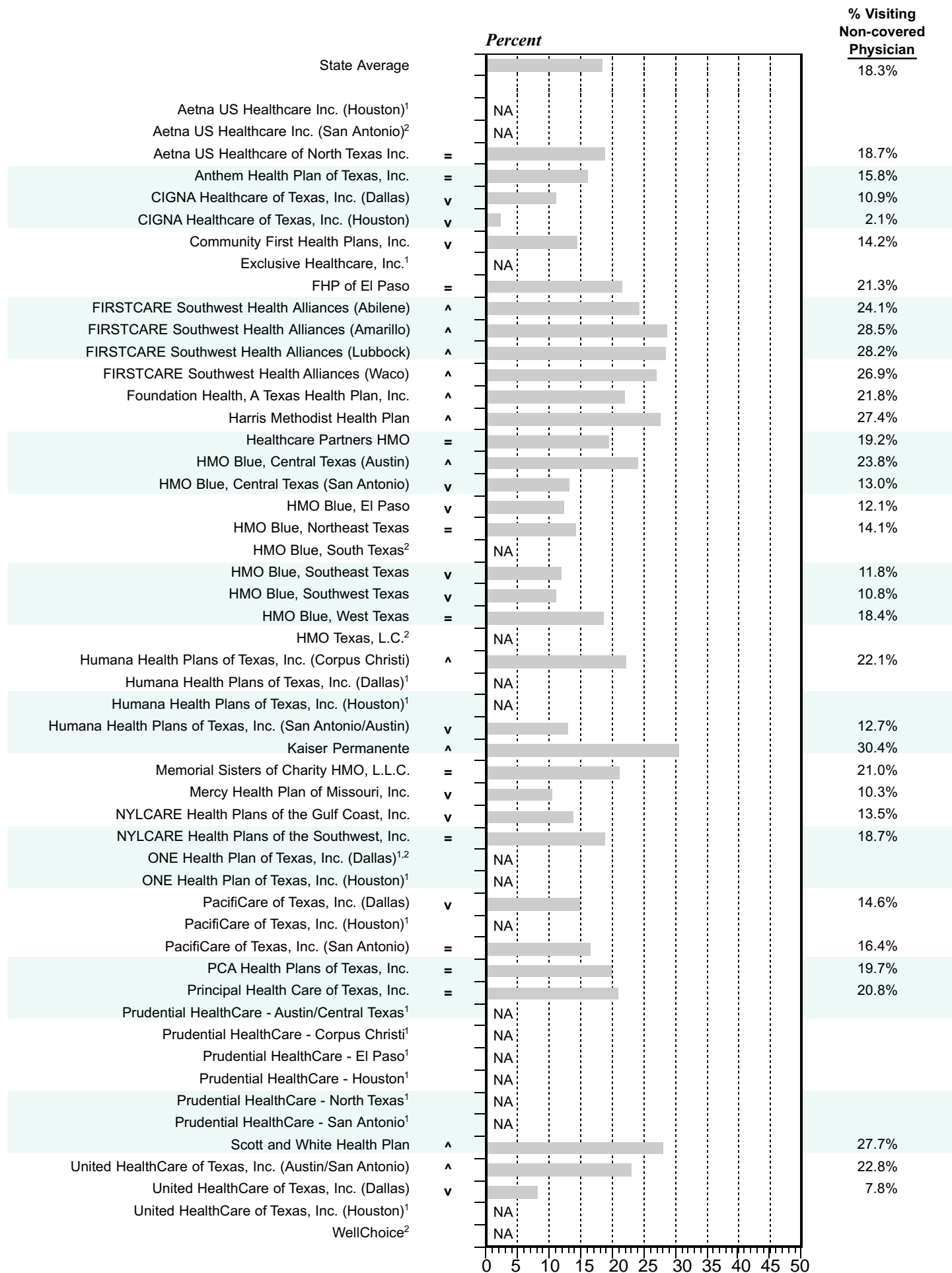
Please refer to the Tabular Appendix (pages 100-103) for additional measures of satisfaction with health services.

Texas Average

Service not covered by plan 18.3%

1-excluded from report because of response rate
2-excluded from report because of the number mailed out

Service not covered by plan



Member Satisfaction

Management of Care

Delays in medical care

Have delays in your medical care while you waited for approval by your health plan been a problem for you in arranging for your medical care in the last 12 months? If so, how much a problem?

- Yes, a big problem
- Yes, a small problem
- No, not a problem.

The percent of members reporting a “big problem” with delays in medical care while awaiting approval from their health plan. **Please note that a lower rate is considered better.**

Timely medical care is critical to detecting, diagnosing, and treating potential health problems. Early treatment not only saves lives, but saves money. Health plan members that perceive that their care is being delayed due to plan approval may not only be dissatisfied, but in some instances, their health could be put in jeopardy. Alternatively, delays in approval may be due to poor communication between plan and patient. Good communication from plans to providers and patients may reduce potential delays in obtaining appropriate care.

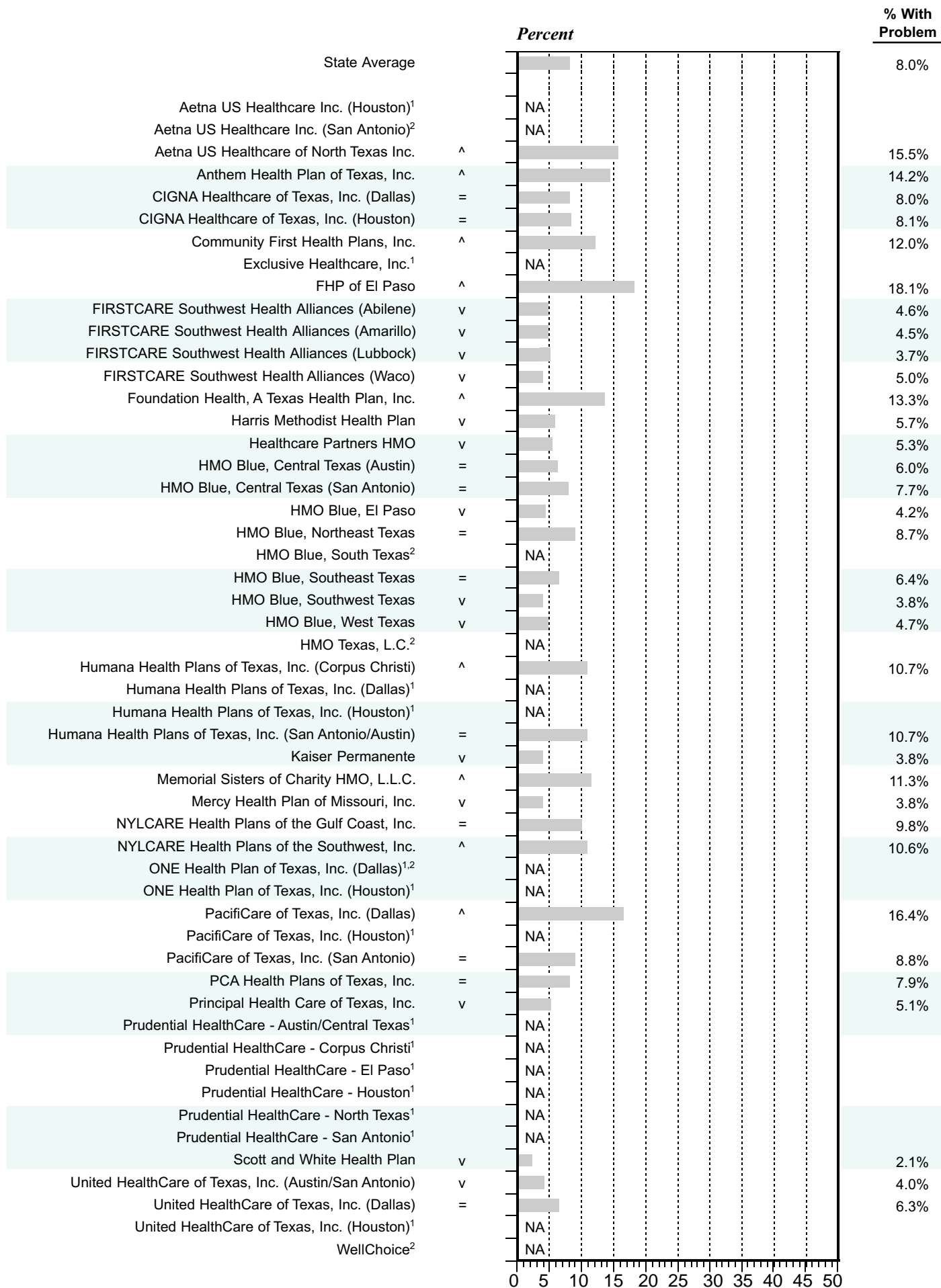
Please refer to the Tabular Appendix (pages 104-106) for additional measures of satisfaction with management of care.

Texas Average

Delays in medical care 8.0%

1-excluded from report because of response rate
2-excluded from report because of the number mailed out

Delays in medical care



Management of Care

Difficulty receiving necessary care

Has difficulty in receiving care you and your doctor believed was necessary been a problem for you in arranging for your medical care in the last 12 months? If so, how much a problem?

- Yes, a big problem,
- Yes, a small problem,
- No, not a problem.

The percent of members reporting a “big problem” receiving care that both they and their doctor believe is necessary. **Please note that a lower rate is considered better.**

Delays in care due to waiting for plan approval impact a member’s health as well as their satisfaction. Delays in care that both member and provider feel are necessary may also have an adverse affect. Members and their doctors must often work as a team to maintain or restore the patient’s health. If both agree on a particular course of treatment, the chance for a successful outcome improves. Barriers to receiving necessary treatment may frustrate the process and make the outcome less clear.

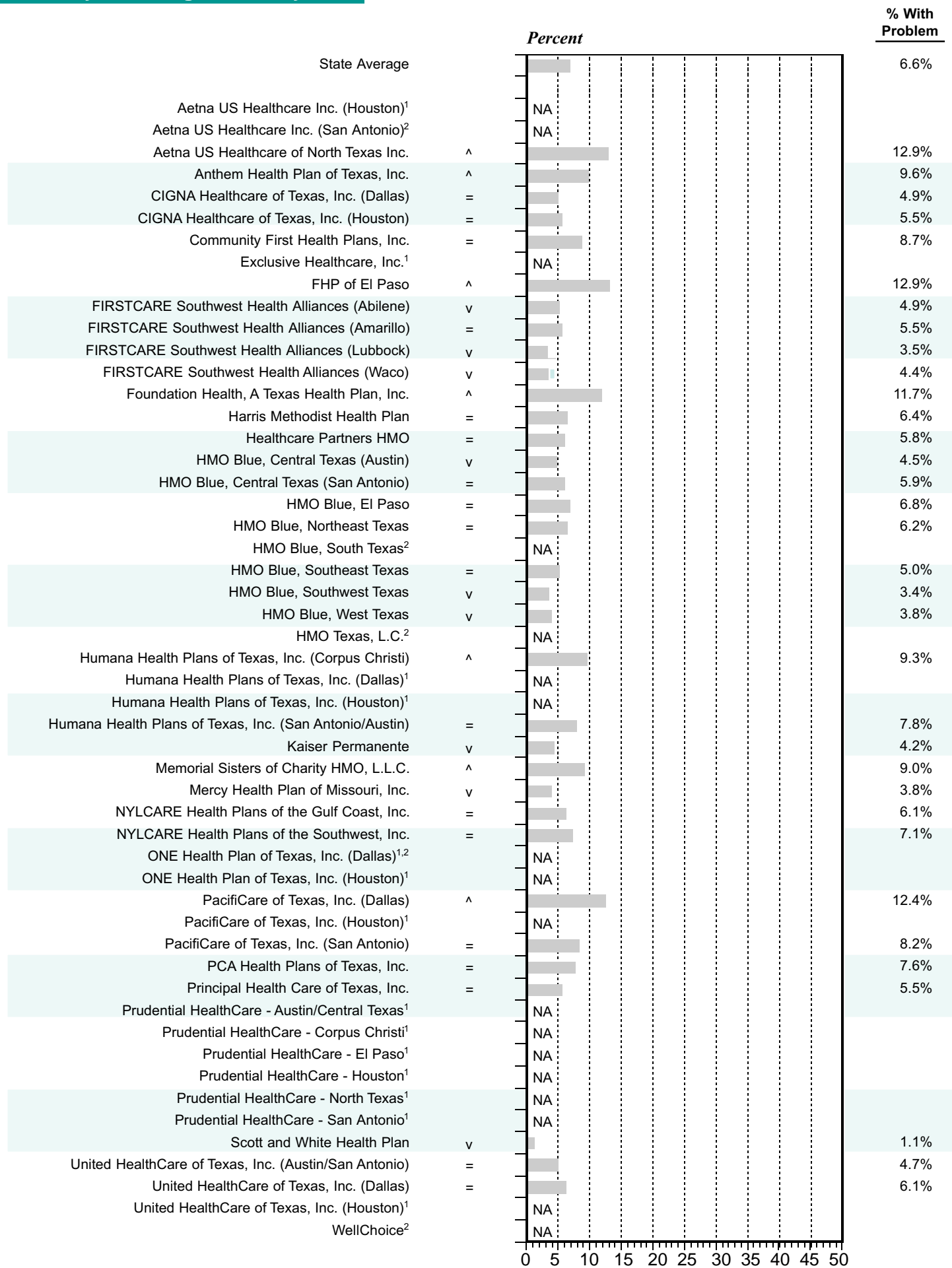
Please refer to the Tabular Appendix (pages 104-106) for additional measures of satisfaction with management of care.

Texas Average

Difficulty receiving necessary care 6.6%

1-excluded from report because of response rate
2-excluded from report because of the number mailed out

Difficulty receiving necessary care



Management of Care

Getting a referral to a specialist

Has not being able to get a referral to specialist that you wanted to see been a problem for you in arranging for your medical care in the last 12 months? If so, how much a problem?

- Yes, a big problem,*
- Yes, a small problem,
- No, not a problem.

The percent of members reporting a “big problem” with getting a referral to a specialist they want to see. Please note that a lower rate is considered better.

While a member's primary care provider is the first line of defense in maintaining good health, PCP's must often turn to specialists to treat more serious conditions. Just as members often form bonds with personal physicians, they may also have established relationships with specialists. In other instances, specialists appropriate to a patient's needs may be unavailable. Difficulties in obtaining timely care from an appropriate specialist may create problems for the patient, as well as reduce their overall satisfaction with the plan. On the other hand, it is important that the patient be educated by the plan about the use of specialists, when they are appropriate, and which specialists are affiliated with the plan.

Please refer to the Tabular Appendix (pages 104-106) for additional measures of satisfaction with management of care.

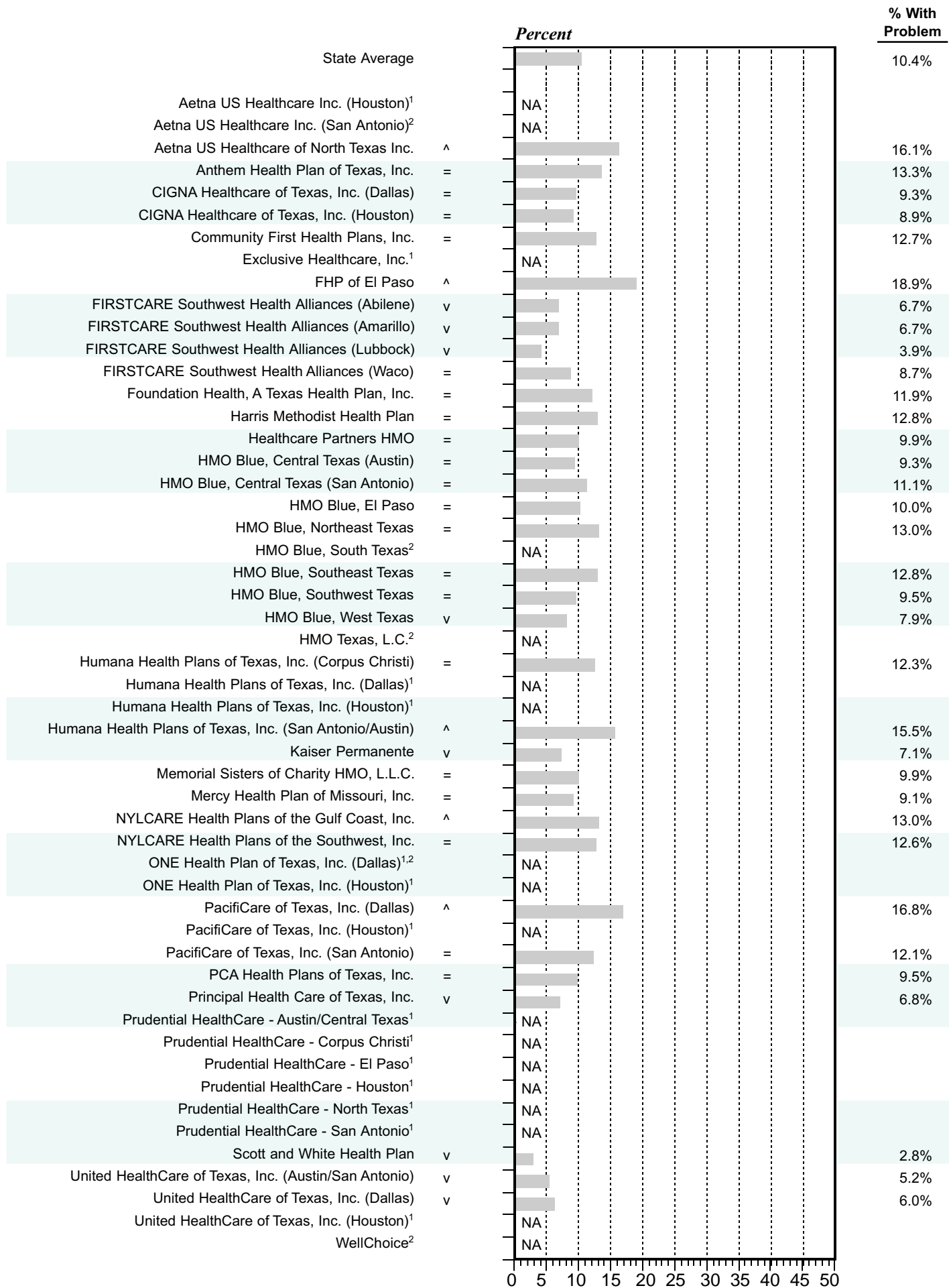
Texas Average

Getting a referral to a specialist ... 10.4%

1-excluded from report because of response rate

2-excluded from report because of the number mailed out

Getting a referral to a specialist



TABULAR APPENDIX

- Effectiveness of Care Measures
- Member Satisfaction Measures

Effectiveness of Care Measures

CHILDHOOD IMMUNIZATIONS *

Plan	DTP/DTaP (4)	IPV/OPV (3)	MMR (1)	HiB (2)	Hepatitis B (2)	Varicella (1)
Aetna US Healthcare Inc. (Houston)	60.4%	68.4%	75.8%	62.2%	59.6%	35.4%
Aetna US Healthcare Inc. (San Antonio)	NR	NR	NR	NR	NR	NR
Aetna US Healthcare of North Texas Inc.	72.0%	77.9%	82.5%	75.3%	74.1%	46.6%
Anthem Health Plan of Texas, Inc.	41.2%	47.1%	52.9%	79.4%	47.1%	32.4%
CIGNA Healthcare of Texas, Inc. (Dallas)	75.7%	83.7%	83.2%	78.6%	81.3%	47.9%
CIGNA Healthcare of Texas, Inc. (Houston)	65.7%	77.6%	74.9%	69.6%	69.8%	40.9%
Community First Health Plans, Inc.	NA	NA	NA	NA	NA	NA
Exclusive Healthcare, Inc.	59.6%	86.0%	75.4%	71.9%	80.7%	45.6%
FHP of El Paso	NA	NA	NA	NA	NA	NA
FIRSTCARE Southwest Health Alliances (Abilene)	60.7%	71.4%	70.0%	57.9%	23.6%	32.1%
FIRSTCARE Southwest Health Alliances (Amarillo)	63.7%	70.6%	68.4%	67.2%	60.8%	32.6%
FIRSTCARE Southwest Health Alliances (Lubbock)	67.6%	74.2%	58.2%	64.0%	62.5%	31.3%
FIRSTCARE Southwest Health Alliances (Waco)	NA	NA	NA	NA	NA	NA
Foundation Health, A Texas Health Plan, Inc.	10.8%	18.9%	79.3%	16.2%	11.7%	28.8%
Harris Methodist Health Plan	77.9%	88.3%	88.3%	76.9%	84.7%	52.3%
Healthcare Partners HMO	0.0%	0.0%	43.2%	10.8%	0.0%	32.4%
HMO Blue, Central Texas (Austin)	82.2%	86.7%	86.7%	80.0%	84.4%	60.0%
HMO Blue, Central Texas (San Antonio)	NA	NA	NA	NA	NA	NA
HMO Blue, El Paso	77.7%	88.5%	83.7%	79.4%	80.5%	32.7%
HMO Blue, Northeast Texas	62.1%	68.9%	70.5%	59.8%	62.1%	29.5%
HMO Blue, South Texas	NA	NA	NA	NA	NA	NA
HMO Blue, Southeast Texas	61.3%	67.6%	76.6%	64.0%	61.3%	27.9%
HMO Blue, Southwest Texas	65.5%	77.4%	73.8%	69.0%	73.8%	22.6%
HMO Blue, West Texas	54.2%	60.8%	66.0%	57.5%	53.6%	22.9%
HMO Texas, L.C.	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	71.3%	81.6%	83.1%	70.6%	77.2%	32.4%
Humana Health Plans of Texas, Inc. (Dallas)	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston)	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	75.2%	85.6%	89.3%	78.8%	82.2%	42.8%
Kaiser Permanente	74.0%	82.5%	82.7%	84.4%	75.2%	49.9%
Memorial Sisters of Charity HMO, L.L.C.	NA	NA	NA	NA	NA	NA
Mercy Health Plan of Missouri, Inc.	NA	NA	NA	NA	NA	NA
NYLCARE Health Plans of the Gulf Coast, Inc.	NR	NR	NR	NR	NR	NR
NYLCARE Health Plans of the Southwest, Inc.	76.7%	84.1%	86.1%	81.3%	78.6%	43.3%
ONE Health Plan of Texas, Inc. (Dallas)	NA	NA	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston)	NA	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	56.1%	67.7%	74.8%	58.1%	56.8%	38.7%
PacifiCare of Texas, Inc. (Houston)	53.1%	67.5%	71.3%	44.5%	47.5%	35.8%
PacifiCare of Texas, Inc. (San Antonio)	75.7%	90.3%	87.6%	76.4%	82.5%	38.4%
PCA Health Plans of Texas, Inc.	0.5%	6.4%	33.1%	7.7%	3.3%	19.6%
Principal Health Care of Texas, Inc.	35.2%	43.4%	56.6%	50.5%	35.5%	1.1%
Prudential HealthCare - Austin/Central Texas	69.9%	81.1%	82.2%	71.8%	71.8%	50.1%
Prudential HealthCare - Corpus Christi	NA	NA	NA	NA	NA	NA
Prudential HealthCare - El Paso	68.4%	68.4%	84.2%	60.5%	52.6%	42.1%
Prudential HealthCare - Houston	66.2%	78.3%	78.8%	67.4%	69.3%	53.0%
Prudential HealthCare - North Texas	71.0%	79.6%	81.3%	74.5%	76.2%	42.6%
Prudential HealthCare - San Antonio	73.0%	82.2%	84.7%	67.9%	81.3%	42.8%
Scott and White Health Plan	79.8%	89.8%	84.7%	80.0%	78.1%	56.9%
United HealthCare of Texas, Inc. (Austin/San Antonio)	75.1%	85.7%	84.5%	78.6%	77.3%	51.5%
United HealthCare of Texas, Inc. (Dallas)	73.0%	81.0%	84.2%	78.6%	76.4%	48.2%
United HealthCare of Texas, Inc. (Houston)	61.8%	74.2%	82.2%	65.2%	69.8%	35.8%
WellChoice	NA	NA	NA	NA	NA	NA

*Specific Immunizations; numbers in parenthesis are total vaccinations

CHILDHOOD IMMUNIZATIONS (Combinations)

Plan	Combination 1	Combination 2	Combination 3
Aetna US Healthcare Inc. (Houston)	44.4%	44.4%	20.5%
Aetna US Healthcare Inc. (San Antonio)	NR	NR	NR
Aetna US Healthcare of North Texas Inc.	62.9%	62.7%	34.0%
Anthem Health Plan of Texas, Inc.	23.5%	23.5%	14.7%
CIGNA Healthcare of Texas, Inc. (Dallas)	66.9%	66.9%	41.4%
CIGNA Healthcare of Texas, Inc. (Houston)	51.6%	51.6%	27.5%
Community First Health Plans, Inc.	NA	NA	NA
Exclusive Healthcare, Inc.	57.9%	57.9%	33.3%
FHP of El Paso	NA	NA	NA
FIRSTCARE Southwest Health Alliances (Abilene)	10.7%	10.0%	4.3%
FIRSTCARE Southwest Health Alliances (Amarillo)	40.6%	38.4%	17.5%
FIRSTCARE Southwest Health Alliances (Lubbock)	38.2%	35.6%	16.7%
FIRSTCARE Southwest Health Alliances (Waco)	NA	NA	NA
Foundation Health, A Texas Health Plan, Inc.	8.1%	3.6%	1.8%
Harris Methodist Health Plan	49.9%	46.5%	26.3%
Healthcare Partners HMO	0.0%	0.0%	0.0%
HMO Blue, Central Texas (Austin)	71.1%	71.1%	46.7%
HMO Blue, Central Texas (San Antonio)	NA	NA	NA
HMO Blue, El Paso	63.9%	63.6%	25.2%
HMO Blue, Northeast Texas	46.2%	44.7%	18.9%
HMO Blue, South Texas	NA	NA	NA
HMO Blue, Southeast Texas	45.9%	45.0%	22.5%
HMO Blue, Southwest Texas	60.7%	59.5%	19.0%
HMO Blue, West Texas	44.4%	44.4%	17.0%
HMO Texas, L.C.	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	58.1%	55.1%	20.6%
Humana Health Plans of Texas, Inc. (Dallas)	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston)	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	66.2%	61.6%	33.3%
Kaiser Permanente	63.5%	63.5%	38.7%
Memorial Sisters of Charity HMO, L.L.C.	NA	NA	NA
Mercy Health Plan of Missouri, Inc.	NA	NA	NA
NYLCARE Health Plans of the Gulf Coast, Inc.	NR	NR	NR
NYLCARE Health Plans of the Southwest, Inc.	64.9%	64.7%	30.0%
ONE Health Plan of Texas, Inc. (Dallas)	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston)	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	40.6%	38.7%	20.6%
PacifiCare of Texas, Inc. (Houston)	30.7%	28.7%	15.8%
PacifiCare of Texas, Inc. (San Antonio)	58.2%	56.4%	24.8%
PCA Health Plans of Texas, Inc.	0.2%	0.2%	0.1%
Principal Health Care of Texas, Inc.	19.9%	0.3%	0.3%
Prudential HealthCare - Austin/Central Texas	55.6%	54.8%	33.7%
Prudential HealthCare - Corpus Christi	NA	NA	NA
Prudential HealthCare - El Paso	39.5%	39.5%	28.9%
Prudential HealthCare - Houston	48.4%	48.2%	35.5%
Prudential HealthCare - North Texas	57.7%	57.7%	30.7%
Prudential HealthCare - San Antonio	52.1%	47.4%	22.4%
Scott and White Health Plan	62.8%	62.5%	43.6%
United HealthCare of Texas, Inc. (Austin/San Antonio)	61.8%	61.6%	37.9%
United HealthCare of Texas, Inc. (Dallas)	62.3%	61.6%	36.5%
United HealthCare of Texas, Inc. (Houston)	53.0%	49.4%	25.6%
WellChoice	NA	NA	NA

Combination 1: 4 DTP or DTaP, 3 OPV or IPV, 1 MMR, 2 hepatitis B and 1 Hib with prescribed time frames.

Combination 2: Children who have received all of the vaccines list in combination 1 and the second Hib vaccination.

Combination 3: Children who have received all of the vaccines list in combination 2 and at least one chicken pox (Varicella) vaccination.

ADOLESCENT IMMUNIZATIONS*

Plan	MMR (2nd dose)	Hepatitis B (3)	Varicella (1)	Combination
Aetna US Healthcare Inc. (Houston)	44.0%	2.7%	5.3%	0.3%
Aetna US Healthcare Inc. (San Antonio)	NR	NR	NR	NR
Aetna US Healthcare of North Texas Inc.	54.4%	10.8%	15.2%	4.1%
Anthem Health Plan of Texas, Inc.	18.2%	0.0%	0.0%	0.0%
CIGNA Healthcare of Texas, Inc. (Dallas)	54.0%	10.5%	20.0%	4.6%
CIGNA Healthcare of Texas, Inc. (Houston)	46.5%	3.2%	19.2%	0.7%
Community First Health Plans, Inc.	25.0%	2.8%	0.0%	0.0%
Exclusive Healthcare, Inc.	50.4%	6.6%	1.5%	0.0%
FHP of El Paso	NA	NA	NA	NA
FIRSTCARE Southwest Health Alliances (Abilene)	23.6%	0.9%	0.0%	0.0%
FIRSTCARE Southwest Health Alliances (Amarillo)	30.2%	2.7%	0.7%	0.0%
FIRSTCARE Southwest Health Alliances (Lubbock)	26.0%	2.8%	0.0%	0.0%
FIRSTCARE Southwest Health Alliances (Waco)	NA	NA	NA	NA
Foundation Health, A Texas Health Plan, Inc.	NR	NR	NR	NR
Harris Methodist Health Plan	66.4%	10.7%	10.0%	2.4%
Healthcare Partners HMO	15.3%	0.0%	0.0%	0.0%
HMO Blue, Central Texas (Austin)	73.2%	4.9%	4.9%	0.0%
HMO Blue, Central Texas (San Antonio)	66.7%	2.8%	0.0%	0.0%
HMO Blue, El Paso	45.0%	2.2%	7.3%	0.2%
HMO Blue, Northeast Texas	41.1%	2.8%	2.1%	0.7%
HMO Blue, South Texas	NA	NA	NA	NA
HMO Blue, Southeast Texas	28.9%	5.8%	6.6%	0.8%
HMO Blue, Southwest Texas	32.9%	2.1%	3.6%	0.7%
HMO Blue, West Texas	12.9%	2.2%	1.1%	0.0%
HMO Texas, L.C.	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	42.6%	4.3%	18.0%	2.3%
Humana Health Plans of Texas, Inc. (Dallas)	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston)	30.4%	2.2%	8.7%	0.0%
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	82.0%	5.6%	10.4%	1.8%
Kaiser Permanente	58.9%	12.2%	2.2%	0.5%
Memorial Sisters of Charity HMO, L.L.C.	20.6%	0.0%	2.9%	0.0%
Mercy Health Plan of Missouri, Inc.	NA	NA	NA	NA
NYLCARE Health Plans of the Gulf Coast, Inc.	NR	NR	NR	NR
NYLCARE Health Plans of the Southwest, Inc.	50.5%	7.4%	15.0%	1.7%
ONE Health Plan of Texas, Inc. (Dallas)	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston)	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	45.7%	6.9%	8.6%	2.9%
PacifiCare of Texas, Inc. (Houston)	30.8%	1.6%	10.5%	0.5%
PacifiCare of Texas, Inc. (San Antonio)	57.7%	3.4%	8.5%	1.0%
PCA Health Plans of Texas, Inc.	14.2%	0.0%	0.3%	0.0%
Principal Health Care of Texas, Inc.	16.1%	0.0%	0.0%	0.0%
Prudential HealthCare - Austin/Central Texas	46.9%	2.7%	21.6%	0.8%
Prudential HealthCare - Corpus Christi	NA	NA	NA	NA
Prudential HealthCare - El Paso	15.9%	0.0%	6.8%	0.0%
Prudential HealthCare - Houston	46.2%	2.2%	37.2%	1.7%
Prudential HealthCare - North Texas	47.4%	9.0%	10.5%	2.7%
Prudential HealthCare - San Antonio	57.2%	3.9%	21.7%	1.2%
Scott and White Health Plan	76.2%	7.3%	21.4%	3.9%
United HealthCare of Texas, Inc. (Austin/San Antonio)	35.0%	2.3%	0.6%	0.0%
United HealthCare of Texas, Inc. (Dallas)	46.5%	7.8%	9.0%	2.2%
United HealthCare of Texas, Inc. (Houston)	33.7%	2.0%	0.3%	1.0%
WellChoice	NA	NA	NA	NA

*For specific Immunizations numbers in parenthesis are total vaccinations; Combination is all 3 immunizations

Number of Well Child Visits (15 months of Age)*

Plan	Denom	0	1	2	3	4	5	6+
State Average		12.3%	7.5%	8.1%	10.1%	12.0%	14.9%	33.9%
Aetna US Healthcare Inc. (Houston)	304	30.6%	6.9%	6.6%	3.3%	7.9%	10.5%	34.2%
Aetna US Healthcare Inc. (San Antonio)	NR	NR	NR	NR	NR	NR	NR	NR
Aetna US Healthcare of North Texas Inc.	434	15.7%	4.6%	6.9%	5.1%	7.4%	9.4%	50.9%
Anthem Health Plan of Texas, Inc.	41	41.5%	14.6%	19.5%	29.3%	9.8%	43.9%	41.5%
CIGNA Healthcare of Texas, Inc. (Dallas)	748	7.0%	3.1%	6.4%	8.4%	15.2%	21.7%	38.2%
CIGNA Healthcare of Texas, Inc. (Houston)	411	5.6%	6.6%	6.6%	8.5%	11.2%	21.2%	40.4%
Community First Health Plans, Inc.	NA	NA	NA	NA	NA	NA	NA	NA
Exclusive Healthcare, Inc.	49	40.8%	10.2%	10.2%	12.2%	6.1%	12.2%	8.2%
FHP of El Paso	NA	NA	NA	NA	NA	NA	NA	NA
FIRSTCARE Southwest Health Alliances (Abilene)	116	5.2%	10.3%	10.3%	22.4%	18.1%	15.5%	18.1%
FIRSTCARE Southwest Health Alliances (Amarillo)	411	10.0%	3.9%	2.7%	4.9%	8.8%	16.5%	53.3%
FIRSTCARE Southwest Health Alliances (Lubbock)	245	17.1%	7.3%	11.0%	9.4%	13.1%	13.1%	29.0%
FIRSTCARE Southwest Health Alliances (Waco)	NA	NA	NA	NA	NA	NA	NA	NA
Foundation Health, A Texas Health Plan, Inc.	NR	NR	NR	NR	NR	NR	NR	NR
Harris Methodist Health Plan	2,008	4.1%	2.6%	4.3%	5.4%	11.6%	21.9%	50.2%
Healthcare Partners HMO	NA	NA	NA	NA	NA	NA	NA	NA
HMO Blue, Central Texas (Austin)	NA	NA	NA	NA	NA	NA	NA	NA
HMO Blue, Central Texas (San Antonio)	NA	NA	NA	NA	NA	NA	NA	NA
HMO Blue, El Paso	337	4.5%	12.5%	14.8%	21.1%	19.0%	13.4%	14.8%
HMO Blue, Northeast Texas	84	17.9%	17.9%	14.3%	16.7%	10.7%	14.3%	8.3%
HMO Blue, South Texas	NA	NA	NA	NA	NA	NA	NA	NA
HMO Blue, Southeast Texas	81	30.9%	13.6%	11.1%	8.6%	18.5%	8.6%	8.6%
HMO Blue, Southwest Texas	30	13.3%	13.3%	16.7%	23.3%	36.7%	0.0%	0.0%
HMO Blue, West Texas	117	7.7%	12.8%	18.8%	30.8%	21.4%	4.3%	4.3%
HMO Texas, L.C.	NA	NA	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	112	0.0%	3.6%	4.5%	1.8%	8.0%	11.6%	18.8%
Humana Health Plans of Texas, Inc. (Dallas)	NA	NA	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston)	34	29.4%	5.9%	11.8%	5.9%	14.7%	5.9%	26.5%
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	377	11.9%	11.4%	7.4%	12.2%	12.5%	17.5%	27.1%
Kaiser Permanente	411	5.1%	2.9%	3.2%	5.1%	12.4%	22.6%	48.7%
Memorial Sisters of Charity HMO, L.L.C.	NA	NA	NA	NA	NA	NA	NA	NA
Mercy Health Plan of Missouri, Inc.	NA	NA	NA	NA	NA	NA	NA	NA
NYLCARE Health Plans of the Gulf Coast, Inc.	411	5.4%	12.7%	9.5%	10.5%	9.5%	14.4%	38.2%
NYLCARE Health Plans of the Southwest, Inc.	419	4.8%	5.7%	7.4%	12.2%	18.1%	20.5%	31.3%
ONE Health Plan of Texas, Inc. (Dallas)	NA	NA	NA	NA	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston)	NA	NA	NA	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	133	12.8%	6.8%	6.0%	9.8%	3.8%	12.8%	48.1%
PacifiCare of Texas, Inc. (Houston)	338	20.7%	9.5%	12.1%	8.6%	8.3%	11.8%	29.0%
PacifiCare of Texas, Inc. (San Antonio)	411	5.8%	3.4%	3.4%	10.0%	12.9%	13.6%	50.9%
PCA Health Plans of Texas, Inc.	1,826	0.0%	1.0%	1.0%	1.0%	0.4%	0.4%	0.8%
Principal Health Care of Texas, Inc.	304	17.4%	2.3%	3.9%	1.6%	6.9%	4.6%	63.2%
Prudential HealthCare - Austin/Central Texas	411	3.4%	1.5%	2.4%	4.9%	7.1%	14.6%	66.2%
Prudential HealthCare - Corpus Christi	NA	NA	NA	NA	NA	NA	NA	NA
Prudential HealthCare - El Paso	30	6.7%	10.0%	0.0%	0.0%	13.3%	26.7%	43.3%
Prudential HealthCare - Houston	411	1.9%	3.2%	4.9%	6.6%	9.2%	20.2%	54.0%
Prudential HealthCare - North Texas	411	5.6%	1.9%	3.4%	5.8%	6.6%	13.4%	63.3%
Prudential HealthCare - San Antonio	258	6.2%	6.2%	7.8%	10.1%	14.7%	19.4%	35.7%
Scott and White Health Plan	1,100	6.8%	15.1%	14.7%	11.6%	12.4%	16.5%	22.8%
United HealthCare of Texas, Inc. (Austin/San Antonio)	NR	NR	NR	NR	NR	NR	NR	NR
United HealthCare of Texas, Inc. (Dallas)	411	9.5%	2.9%	4.9%	5.6%	9.0%	18.2%	49.9%
United HealthCare of Texas, Inc. (Houston)	NR	NR	NR	NR	NR	NR	NR	NR
WellChoice	NA	NA	NA	NA	NA	NA	NA	NA

*Number of Well Child Visits (15 months of Age) is part of the *Use of Services* Domain.

Member Satisfaction Survey

1-excluded from report because of response rate

2-excluded from report because of the number mailed out

NR - Failed to submit the required data or data not certified by NCQA licensed auditor

NA - HMOs with fewer than 30 patients for this measure are not reported

PLAN RESPONSE RATES

Plan	Completed Surveys			Plan Membership		
	Total Mailed	Total Eligible	Completed response rate	At least 1 year, but less than 2 years	At least 2 years, but less than 5 years	5 years or more
State Average			30.1%	28.4%	47.4%	24.3%
Aetna US Healthcare Inc. (Houston) ¹	1,861	429	24.4%	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	56	16	30.2%	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	1,861	449	25.5%	22.0%	49.2%	28.7%
Anthem Health Plan of Texas, Inc.	1,459	430	35.3%	45.6%	47.2%	7.2%
CIGNA Healthcare of Texas, Inc. (Dallas)	1,860	595	34.3%	20.0%	45.0%	35.0%
CIGNA Healthcare of Texas, Inc. (Houston)	1,860	588	33.6%	22.4%	52.0%	25.5%
Community First Health Plans, Inc.	1,475	442	32.7%	50.5%	49.3%	0.2%
Exclusive Healthcare, Inc. ¹	1,860	178	10.8%	NA	NA	NA
FHP of El Paso	1,316	340	25.8%	46.8%	49.7%	3.5%
FIRSTCARE Southwest Health Alliances (Abilene)	1,860	665	38.7%	18.8%	75.8%	5.4%
FIRSTCARE Southwest Health Alliances (Amarillo)	1,860	704	40.4%	9.2%	40.5%	50.3%
FIRSTCARE Southwest Health Alliances (Lubbock)	1,860	571	32.9%	16.5%	76.9%	6.7%
FIRSTCARE Southwest Health Alliances (Waco)	1,793	535	32.2%	54.4%	44.5%	1.1%
Foundation Health, A Texas Health Plan, Inc.	1,860	525	33.8%	35.4%	63.8%	0.8%
Harris Methodist Health Plan	1,860	698	41.0%	11.9%	49.7%	38.4%
Healthcare Partners HMO	1,860	631	42.9%	67.5%	30.0%	2.5%
HMO Blue, Central Texas (Austin)	1,860	586	34.3%	42.3%	52.7%	4.9%
HMO Blue, Central Texas (San Antonio)	1,740	418	25.9%	35.4%	60.0%	4.5%
HMO Blue, El Paso	1,860	550	31.8%	9.3%	45.1%	45.6%
HMO Blue, Northeast Texas	1,860	598	34.3%	38.3%	57.0%	4.7%
HMO Blue, South Texas ²	364	115	34.2%	NA	NA	NA
HMO Blue, Southeast Texas	1,861	540	31.3%	36.5%	59.8%	3.7%
HMO Blue, Southwest Texas	1,862	620	35.6%	39.0%	55.5%	5.5%
HMO Blue, West Texas	1,860	655	37.7%	33.6%	61.8%	4.6%
HMO Texas, L.C. ²	385	105	29.8%	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	1,860	515	34.1%	4.9%	15.1%	80.0%
Humana Health Plans of Texas, Inc. (Dallas) ¹	791	113	19.6%	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	1,215	165	17.3%	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	1,860	422	29.6%	5.9%	20.1%	73.9%
Kaiser Permanente	1,860	531	32.7%	2.1%	21.5%	76.5%
Memorial Sisters of Charity HMO, L.L.C.	1,860	626	38.5%	66.9%	30.4%	2.7%
Mercy Health Plan of Missouri, Inc.	1,189	344	31.0%	26.7%	32.6%	40.7%
NYLCARE Health Plans of the Gulf Coast, Inc.	1,860	640	35.7%	17.0%	52.3%	30.6%
NYLCARE Health Plans of the Southwest, Inc.	1,860	675	38.2%	16.1%	54.8%	29.0%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	156	31	22.3%	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	832	147	19.0%	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	1,860	548	33.5%	35.8%	62.2%	2.0%
PacifiCare of Texas, Inc. (Houston) ¹	1,860	405	24.5%	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	1,860	628	37.1%	10.7%	40.9%	48.4%
PCA Health Plans of Texas, Inc.	1,860	666	43.8%	14.1%	49.5%	36.3%
Principal Health Care of Texas, Inc.	1,860	597	34.3%	10.1%	51.4%	38.5%
Prudential HealthCare - Austin/Central Texas ¹	1,860	363	20.5%	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	783	121	16.4%	NA	NA	NA
Prudential HealthCare - El Paso ¹	1,737	271	16.4%	NA	NA	NA
Prudential HealthCare - Houston ¹	1,860	292	16.4%	NA	NA	NA
Prudential HealthCare - North Texas ¹	1,860	347	19.4%	NA	NA	NA
Prudential HealthCare - San Antonio ¹	1,860	320	18.2%	NA	NA	NA
Scott and White Health Plan	1,860	922	51.7%	11.1%	26.2%	62.7%
United HealthCare of Texas, Inc. (Austin/San Antonio)	1,860	440	26.3%	42.3%	41.6%	16.1%
United HealthCare of Texas, Inc. (Dallas)	1,860	428	25.6%	45.8%	46.0%	8.2%
United HealthCare of Texas, Inc. (Houston) ¹	1,860	389	22.8%	NA	NA	NA
WellChoice ²	170	49	28.8%	NA	NA	NA

MEMBER SATISFACTION: Over the past 12 months:

Plan	How satisfied are you with your current health plan		Did your health plan's performance improve or worsen over the past year	
	Satisfied	Unsatisfied	Better	Worse
State Average	78.7%	13.5%	19.9%	9.7%
Aetna US Healthcare Inc. (Houston) ¹	NA	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	NA	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	67.2%	22.2%	15.1%	16.7%
Anthem Health Plan of Texas, Inc.	72.6%	18.7%	15.0%	11.3%
CIGNA Healthcare of Texas, Inc. (Dallas)	83.7%	10.1%	16.8%	6.7%
CIGNA Healthcare of Texas, Inc. (Houston)	84.2%	10.6%	23.8%	4.9%
Community First Health Plans, Inc.	81.9%	9.9%	31.5%	3.9%
Exclusive Healthcare, Inc. ¹	NA	NA	NA	NA
FHP of El Paso	62.7%	23.8%	17.4%	19.2%
FIRSTCARE Southwest Health Alliances (Abilene)	88.8%	5.9%	18.9%	5.6%
FIRSTCARE Southwest Health Alliances (Amarillo)	82.4%	10.9%	15.0%	12.6%
FIRSTCARE Southwest Health Alliances (Lubbock)	85.0%	8.1%	16.7%	6.7%
FIRSTCARE Southwest Health Alliances (Waco)	83.7%	10.0%	18.4%	4.7%
Foundation Health, A Texas Health Plan, Inc.	71.5%	18.3%	15.2%	8.1%
Harris Methodist Health Plan	79.9%	12.6%	13.0%	9.5%
Healthcare Partners HMO	77.6%	14.6%	19.3%	9.5%
HMO Blue, Central Texas (Austin)	80.9%	12.2%	12.6%	8.2%
HMO Blue, Central Texas (San Antonio)	77.3%	14.6%	15.5%	6.0%
HMO Blue, El Paso	81.9%	10.4%	27.1%	7.0%
HMO Blue, Northeast Texas	73.1%	15.4%	18.4%	7.1%
HMO Blue, South Texas ²	NA	NA	NA	NA
HMO Blue, Southeast Texas	77.4%	14.2%	20.2%	5.4%
HMO Blue, Southwest Texas	75.7%	14.4%	19.8%	6.4%
HMO Blue, West Texas	76.7%	13.4%	13.7%	12.1%
HMO Texas, L.C. ²	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	77.7%	15.1%	29.6%	6.7%
Humana Health Plans of Texas, Inc. (Dallas) ¹	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	76.2%	15.2%	30.6%	8.0%
Kaiser Permanente	82.8%	10.7%	28.9%	7.8%
Memorial Sisters of Charity HMO, L.L.C.	74.1%	17.6%	28.2%	4.9%
Mercy Health Plan of Missouri, Inc.	80.5%	7.9%	31.0%	17.8%
NYLCARE Health Plans of the Gulf Coast, Inc.	80.3%	14.1%	21.6%	8.2%
NYLCARE Health Plans of the Southwest, Inc.	81.0%	11.2%	16.7%	7.8%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	66.9%	27.3%	17.2%	24.6%
PacifiCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	76.4%	18.0%	23.5%	16.1%
PCA Health Plans of Texas, Inc.	78.5%	15.9%	16.6%	8.9%
Principal Health Care of Texas, Inc.	81.9%	9.9%	17.6%	12.5%
Prudential HealthCare - Austin/Central Texas ¹	NA	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	NA	NA	NA	NA
Prudential HealthCare - El Paso ¹	NA	NA	NA	NA
Prudential HealthCare - Houston ¹	NA	NA	NA	NA
Prudential HealthCare - North Texas ¹	NA	NA	NA	NA
Prudential HealthCare - San Antonio ¹	NA	NA	NA	NA
Scott and White Health Plan	92.4%	3.9%	21.2%	6.3%
United HealthCare of Texas, Inc. (Austin/San Antonio)	79.0%	13.6%	17.1%	18.2%
United HealthCare of Texas, Inc. (Dallas)	84.9%	7.9%	12.2%	9.3%
United HealthCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
WellChoice ²	NA	NA	NA	NA

MEMBER SATISFACTION: Over the past 12 months:

Plan	Would you recommend your current health plan to your family or friends		Intend to switch to a different health plan	
	Definitely Yes	Probably Yes	Definitely Yes	Probably Yes
State Average	26.5%	54.7%	4.1%	13.4%
Aetna US Healthcare Inc. (Houston) ¹	NA	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	NA	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	18.2%	52.7%	6.3%	19.0%
Anthem Health Plan of Texas, Inc.	16.1%	52.6%	6.6%	22.1%
CIGNA Healthcare of Texas, Inc. (Dallas)	31.8%	52.4%	3.7%	11.3%
CIGNA Healthcare of Texas, Inc. (Houston)	30.5%	55.7%	2.5%	11.7%
Community First Health Plans, Inc.	26.9%	54.9%	3.0%	14.7%
Exclusive Healthcare, Inc. ¹	NA	NA	NA	NA
FHP of El Paso	12.8%	50.7%	11.7%	23.2%
FIRSTCARE Southwest Health Alliances (Abilene)	34.9%	55.6%	1.3%	5.2%
FIRSTCARE Southwest Health Alliances (Amarillo)	32.0%	52.8%	2.1%	10.4%
FIRSTCARE Southwest Health Alliances (Lubbock)	30.6%	58.9%	1.4%	9.5%
FIRSTCARE Southwest Health Alliances (Waco)	28.5%	58.3%	2.6%	8.3%
Foundation Health, A Texas Health Plan, Inc.	19.0%	53.1%	9.9%	19.2%
Harris Methodist Health Plan	23.1%	58.9%	1.8%	12.3%
Healthcare Partners HMO	17.3%	58.8%	3.9%	12.5%
HMO Blue, Central Texas (Austin)	23.8%	60.6%	2.1%	10.9%
HMO Blue, Central Texas (San Antonio)	26.1%	51.7%	5.6%	16.5%
HMO Blue, El Paso	30.8%	55.7%	2.6%	11.9%
HMO Blue, Northeast Texas	16.9%	62.9%	3.2%	14.8%
HMO Blue, South Texas ²	NA	NA	NA	NA
HMO Blue, Southeast Texas	25.0%	58.2%	4.0%	13.9%
HMO Blue, Southwest Texas	22.3%	59.9%	2.2%	11.6%
HMO Blue, West Texas	24.8%	57.2%	2.9%	11.1%
HMO Texas, L.C. ²	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	34.1%	50.7%	1.6%	10.6%
Humana Health Plans of Texas, Inc. (Dallas) ¹	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	29.7%	51.7%	3.4%	13.0%
Kaiser Permanente	33.3%	48.3%	3.4%	14.6%
Memorial Sisters of Charity HMO, L.L.C.	22.8%	52.8%	5.7%	18.8%
Mercy Health Plan of Missouri, Inc.	33.3%	53.8%	0.9%	11.0%
NYLCARE Health Plans of the Gulf Coast, Inc.	27.4%	53.7%	4.7%	11.7%
NYLCARE Health Plans of the Southwest, Inc.	26.7%	55.7%	3.4%	10.8%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	18.1%	45.5%	9.7%	23.6%
PacifiCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	30.8%	49.6%	5.3%	16.0%
PCA Health Plans of Texas, Inc.	25.7%	57.8%	2.9%	10.8%
Principal Health Care of Texas, Inc.	31.6%	52.9%	4.8%	15.5%
Prudential HealthCare - Austin/Central Texas ¹	NA	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	NA	NA	NA	NA
Prudential HealthCare - El Paso ¹	NA	NA	NA	NA
Prudential HealthCare - Houston ¹	NA	NA	NA	NA
Prudential HealthCare - North Texas ¹	NA	NA	NA	NA
Prudential HealthCare - San Antonio ¹	NA	NA	NA	NA
Scott and White Health Plan	55.8%	39.0%	1.0%	4.4%
United HealthCare of Texas, Inc. (Austin/San Antonio)	22.2%	60.0%	9.2%	14.9%
United HealthCare of Texas, Inc. (Dallas)	18.2%	67.8%	3.6%	9.7%
United HealthCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
WellChoice ²	NA	NA	NA	NA

PLAN ADMINISTRATION-Good, very good, and excellent responses for the following services:

Plan	Types of services the plan covered	Availability of information from your plan about eligibility, covered services or administrative issues	Availability of information from your doctor or plan about costs of care	Length of time you had to spend filling out claim forms or other paperwork	The cost you paid to belong to plan	Amount you had pay out-of-pocket
State Average	78.6%	74.0%	73.0%	84.8%	71.5%	75.1%
Aetna US Healthcare Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	NA	NA	NA	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	74.4%	66.6%	68.9%	80.2%	66.0%	71.9%
Anthem Health Plan of Texas, Inc.	72.2%	57.7%	60.1%	73.0%	64.0%	66.4%
CIGNA Healthcare of Texas, Inc. (Dallas)	80.5%	77.9%	74.5%	89.0%	72.9%	81.1%
CIGNA Healthcare of Texas, Inc. (Houston)	83.5%	75.7%	74.7%	87.6%	75.6%	81.7%
Community First Health Plans, Inc.	83.6%	77.9%	71.6%	84.8%	79.6%	73.6%
Exclusive Healthcare, Inc. ¹	NA	NA	NA	NA	NA	NA
FHP of El Paso	56.5%	49.0%	50.3%	65.2%	58.5%	54.9%
FIRSTCARE Southwest Health Alliances (Abilene)	85.0%	83.5%	84.6%	92.3%	80.1%	83.9%
FIRSTCARE Southwest Health Alliances (Amarillo)	78.2%	80.9%	79.6%	91.1%	72.4%	80.1%
FIRSTCARE Southwest Health Alliances (Lubbock)	85.3%	85.5%	82.7%	89.6%	76.0%	81.9%
FIRSTCARE Southwest Health Alliances (Waco)	77.2%	80.5%	76.3%	87.4%	87.8%	83.6%
Foundation Health, A Texas Health Plan, Inc.	69.1%	62.2%	69.7%	82.6%	63.3%	70.1%
Harris Methodist Health Plan	79.4%	75.2%	73.1%	88.7%	69.9%	77.3%
Healthcare Partners HMO	74.1%	65.4%	69.8%	83.2%	66.3%	73.2%
HMO Blue, Central Texas (Austin)	82.3%	76.1%	77.1%	86.9%	75.5%	81.4%
HMO Blue, Central Texas (San Antonio)	82.3%	74.2%	74.2%	86.1%	73.9%	80.4%
HMO Blue, El Paso	78.3%	73.1%	71.5%	82.0%	70.2%	71.7%
HMO Blue, Northeast Texas	75.9%	71.2%	71.5%	83.1%	75.2%	78.2%
HMO Blue, South Texas ²	NA	NA	NA	NA	NA	NA
HMO Blue, Southeast Texas	79.1%	72.3%	73.5%	83.0%	74.9%	78.9%
HMO Blue, Southwest Texas	77.4%	72.0%	75.1%	84.4%	71.8%	76.4%
HMO Blue, West Texas	78.0%	74.4%	74.3%	86.1%	69.1%	70.3%
HMO Texas, L.C. ²	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	80.4%	77.4%	73.3%	85.8%	74.6%	80.1%
Humana Health Plans of Texas, Inc. (Dallas) ¹	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	78.9%	75.1%	71.6%	82.1%	71.2%	77.7%
Kaiser Permanente	86.5%	82.2%	81.3%	89.3%	67.0%	80.1%
Memorial Sisters of Charity HMO, L.L.C.	73.1%	67.3%	62.8%	81.1%	67.8%	72.4%
Mercy Health Plan of Missouri, Inc.	77.5%	72.7%	69.6%	77.4%	66.3%	60.7%
NYLCARE Health Plans of the Gulf Coast, Inc.	79.9%	78.0%	74.0%	84.9%	74.6%	80.4%
NYLCARE Health Plans of the Southwest, Inc.	80.1%	78.9%	75.1%	87.8%	73.2%	76.6%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	NA	NA	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	69.0%	63.7%	66.9%	83.6%	67.8%	73.0%
PacifiCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	80.7%	77.3%	75.2%	85.8%	70.3%	69.2%
PCA Health Plans of Texas, Inc.	79.6%	76.3%	73.7%	86.2%	70.7%	77.8%
Principal Health Care of Texas, Inc.	80.2%	80.6%	76.1%	86.1%	66.7%	62.9%
Prudential HealthCare - Austin/Central Texas ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - El Paso ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - Houston ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - North Texas ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - San Antonio ¹	NA	NA	NA	NA	NA	NA
Scott and White Health Plan	93.1%	87.8%	85.2%	93.5%	76.2%	86.0%
United HealthCare of Texas, Inc. (Austin/San Antonio)	80.3%	73.9%	72.3%	86.1%	71.4%	61.3%
United HealthCare of Texas, Inc. (Dallas)	82.0%	74.0%	73.5%	86.4%	69.3%	77.0%
United HealthCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
WellChoice ²	NA	NA	NA	NA	NA	NA

HEALTH CARE-Good, very good, and excellent responses for the following services:

Plan	Ease of making appointments for medical care by phone	Length of time you had to wait between making an appointment for routine care and the day of your visit	Thoroughness of treatment you received	Attention given to what you had to say
State Average	78.8%	68.6%	82.8%	82.8%
Aetna US Healthcare Inc. (Houston) ¹	NA	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	NA	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	77.4%	66.6%	82.2%	82.3%
Anthem Health Plan of Texas, Inc.	78.5%	66.9%	79.2%	79.0%
CIGNA Healthcare of Texas, Inc. (Dallas)	79.3%	70.6%	80.0%	83.2%
CIGNA Healthcare of Texas, Inc. (Houston)	80.0%	70.1%	80.4%	81.3%
Community First Health Plans, Inc.	71.3%	67.5%	82.5%	83.0%
Exclusive Healthcare, Inc. ¹	NA	NA	NA	NA
FHP of El Paso	67.2%	51.8%	76.2%	76.7%
FIRSTCARE Southwest Health Alliances (Abilene)	86.6%	78.3%	90.3%	88.5%
FIRSTCARE Southwest Health Alliances (Amarillo)	89.6%	81.3%	88.8%	88.4%
FIRSTCARE Southwest Health Alliances (Lubbock)	89.2%	79.5%	90.1%	90.0%
FIRSTCARE Southwest Health Alliances (Waco)	73.9%	70.4%	86.4%	87.4%
Foundation Health, A Texas Health Plan, Inc.	77.9%	67.1%	87.0%	83.5%
Harris Methodist Health Plan	75.2%	63.9%	80.1%	78.9%
Healthcare Partners HMO	79.0%	71.3%	83.3%	82.8%
HMO Blue, Central Texas (Austin)	76.4%	69.3%	83.6%	84.8%
HMO Blue, Central Texas (San Antonio)	76.5%	65.8%	78.4%	79.7%
HMO Blue, El Paso	70.1%	53.8%	74.6%	75.0%
HMO Blue, Northeast Texas	76.1%	64.8%	78.0%	77.9%
HMO Blue, South Texas ²	NA	NA	NA	NA
HMO Blue, Southeast Texas	78.4%	69.3%	80.4%	80.5%
HMO Blue, Southwest Texas	81.7%	74.2%	84.6%	83.1%
HMO Blue, West Texas	84.0%	73.5%	87.0%	86.6%
HMO Texas, L.C. ²	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	81.8%	71.0%	84.9%	83.0%
Humana Health Plans of Texas, Inc. (Dallas) ¹	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	73.4%	63.3%	79.9%	79.8%
Kaiser Permanente	81.4%	73.2%	82.8%	82.6%
Memorial Sisters of Charity HMO, L.L.C.	80.2%	71.2%	83.0%	84.7%
Mercy Health Plan of Missouri, Inc.	81.8%	71.0%	88.0%	87.9%
NYLCARE Health Plans of the Gulf Coast, Inc.	73.3%	62.8%	79.3%	84.0%
NYLCARE Health Plans of the Southwest, Inc.	76.9%	65.4%	78.4%	80.5%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	76.8%	69.2%	78.0%	75.9%
PacifiCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	73.7%	64.1%	77.8%	77.7%
PCA Health Plans of Texas, Inc.	75.8%	67.4%	85.4%	83.1%
Principal Health Care of Texas, Inc.	85.9%	71.4%	86.3%	86.5%
Prudential HealthCare - Austin/Central Texas ¹	NA	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	NA	NA	NA	NA
Prudential HealthCare - El Paso ¹	NA	NA	NA	NA
Prudential HealthCare - Houston ¹	NA	NA	NA	NA
Prudential HealthCare - North Texas ¹	NA	NA	NA	NA
Prudential HealthCare - San Antonio ¹	NA	NA	NA	NA
Scott and White Health Plan	80.0%	62.7%	89.8%	89.0%
United HealthCare of Texas, Inc. (Austin/San Antonio)	84.4%	70.3%	83.2%	82.9%
United HealthCare of Texas, Inc. (Dallas)	85.4%	74.0%	86.9%	83.8%
United HealthCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
WellChoice ²	NA	NA	NA	NA

HEALTH CARE (Continued)-Good, very good, and excellent responses for the following services:

Plan	Number of Doctors you had to choose from	Ease of choosing a personal physician	Amount of time you had with doctors and staff during a visit	How much you were helped by the care you received	Overall quality of care and services
State Average	68.4%	69.9%	75.4%	82.9%	82.3%
Aetna US Healthcare Inc. (Houston) ¹	NA	NA	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	NA	NA	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	63.1%	65.0%	72.2%	80.9%	78.8%
Anthem Health Plan of Texas, Inc.	58.5%	60.6%	71.9%	78.7%	75.9%
CIGNA Healthcare of Texas, Inc. (Dallas)	67.3%	71.1%	75.4%	82.5%	82.4%
CIGNA Healthcare of Texas, Inc. (Houston)	67.1%	71.3%	75.8%	83.7%	83.0%
Community First Health Plans, Inc.	76.8%	75.5%	79.7%	83.2%	82.9%
Exclusive Healthcare, Inc. ¹	NA	NA	NA	NA	NA
FHP of El Paso	52.8%	55.6%	65.0%	75.3%	72.1%
FIRSTCARE Southwest Health Alliances (Abilene)	75.3%	81.2%	82.0%	87.3%	89.0%
FIRSTCARE Southwest Health Alliances (Amarillo)	73.0%	75.9%	83.8%	87.4%	88.4%
FIRSTCARE Southwest Health Alliances (Lubbock)	81.1%	81.1%	81.5%	91.2%	91.3%
FIRSTCARE Southwest Health Alliances (Waco)	79.8%	82.6%	77.7%	86.8%	86.8%
Foundation Health, A Texas Health Plan, Inc.	72.0%	37.6%	78.0%	85.7%	84.6%
Harris Methodist Health Plan	72.1%	71.8%	71.2%	81.9%	81.1%
Healthcare Partners HMO	65.1%	68.5%	78.5%	81.6%	82.4%
HMO Blue, Central Texas (Austin)	71.8%	74.5%	77.4%	84.5%	84.9%
HMO Blue, Central Texas (San Antonio)	60.4%	63.4%	70.8%	80.2%	79.2%
HMO Blue, El Paso	51.5%	54.3%	63.1%	76.9%	70.6%
HMO Blue, Northeast Texas	58.8%	58.0%	68.7%	81.2%	78.4%
HMO Blue, South Texas ²	NA	NA	NA	NA	NA
HMO Blue, Southeast Texas	65.7%	68.8%	72.6%	79.4%	78.4%
HMO Blue, Southwest Texas	65.5%	69.8%	77.4%	82.5%	83.3%
HMO Blue, West Texas	71.7%	73.5%	82.4%	86.2%	86.2%
HMO Texas, L.C. ²	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	69.1%	69.6%	76.1%	85.1%	84.0%
Humana Health Plans of Texas, Inc. (Dallas) ¹	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	66.9%	68.1%	72.4%	77.8%	76.2%
Kaiser Permanente	64.4%	69.3%	72.1%	81.3%	80.5%
Memorial Sisters of Charity HMO, L.L.C.	71.7%	76.3%	77.1%	83.9%	81.2%
Mercy Health Plan of Missouri, Inc.	72.1%	76.4%	79.3%	87.9%	87.6%
NYLCARE Health Plans of the Gulf Coast, Inc.	67.8%	73.5%	76.2%	82.1%	80.9%
NYLCARE Health Plans of the Southwest, Inc.	67.7%	73.0%	73.4%	80.1%	79.2%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	NA	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	51.5%	56.6%	71.3%	80.1%	78.4%
PacifiCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	70.6%	70.7%	71.3%	77.9%	79.2%
PCA Health Plans of Texas, Inc.	72.0%	75.9%	75.6%	84.0%	84.6%
Principal Health Care of Texas, Inc.	74.1%	74.5%	77.7%	86.2%	85.7%
Prudential HealthCare - Austin/Central Texas ¹	NA	NA	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	NA	NA	NA	NA	NA
Prudential HealthCare - El Paso ¹	NA	NA	NA	NA	NA
Prudential HealthCare - Houston ¹	NA	NA	NA	NA	NA
Prudential HealthCare - North Texas ¹	NA	NA	NA	NA	NA
Prudential HealthCare - San Antonio ¹	NA	NA	NA	NA	NA
Scott and White Health Plan	81.7%	84.6%	82.5%	88.6%	92.0%
United HealthCare of Texas, Inc. (Austin/San Antonio)	70.3%	73.8%	75.0%	82.7%	83.4%
United HealthCare of Texas, Inc. (Dallas)	77.2%	75.4%	77.4%	84.1%	85.5%
United HealthCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA
WellChoice ²	NA	NA	NA	NA	NA

HEALTH SERVICES

Plan	Number of visits to Doctors office, clinic or hospital room in past 12 months					Hospitalized within the past 12 months
	None	1 Visit	2-4 Visits	5-9 Visits	10+ Visits	
State Average	8.2%	11.3%	44.6%	24.8%	11.2%	12.8%
Aetna US Healthcare Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	NA	NA	NA	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	5.7%	10.3%	47.8%	25.5%	10.6%	12.8%
Anthem Health Plan of Texas, Inc.	10.8%	10.5%	40.7%	25.1%	12.9%	12.4%
CIGNA Healthcare of Texas, Inc. (Dallas)	8.0%	10.4%	43.0%	25.5%	13.0%	14.5%
CIGNA Healthcare of Texas, Inc. (Houston)	5.9%	11.1%	48.7%	21.6%	12.8%	13.7%
Community First Health Plans, Inc.	7.7%	10.9%	40.9%	30.5%	10.0%	11.8%
Exclusive Healthcare, Inc. ¹	NA	NA	NA	NA	NA	NA
FHP of El Paso	13.0%	13.0%	46.4%	17.5%	10.1%	13.6%
FIRSTCARE Southwest Health Alliances (Abilene)	8.3%	11.7%	45.0%	25.3%	9.8%	15.3%
FIRSTCARE Southwest Health Alliances (Amarillo)	6.7%	11.9%	44.5%	27.4%	9.5%	12.0%
FIRSTCARE Southwest Health Alliances (Lubbock)	6.8%	11.0%	46.2%	25.0%	10.9%	13.7%
FIRSTCARE Southwest Health Alliances (Waco)	11.0%	14.2%	44.3%	22.1%	8.4%	12.1%
Foundation Health, A Texas Health Plan, Inc.	9.2%	10.9%	46.2%	24.7%	9.0%	12.8%
Harris Methodist Health Plan	5.7%	11.7%	48.3%	23.5%	10.9%	10.9%
Healthcare Partners HMO	10.3%	10.5%	46.0%	21.7%	11.4%	16.7%
HMO Blue, Central Texas (Austin)	6.7%	9.8%	42.9%	27.3%	13.4%	11.3%
HMO Blue, Central Texas (San Antonio)	8.7%	11.1%	41.3%	28.1%	10.8%	9.5%
HMO Blue, El Paso	13.4%	12.6%	40.1%	22.5%	11.4%	14.1%
HMO Blue, Northeast Texas	10.4%	11.6%	43.4%	26.3%	8.2%	10.8%
HMO Blue, South Texas ²	NA	NA	NA	NA	NA	NA
HMO Blue, Southeast Texas	9.1%	14.7%	43.8%	22.4%	9.9%	12.5%
HMO Blue, Southwest Texas	8.4%	12.9%	46.8%	21.5%	10.4%	13.0%
HMO Blue, West Texas	9.6%	11.7%	46.8%	23.0%	8.9%	15.0%
HMO Texas, L.C. ²	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	6.3%	11.4%	43.1%	29.5%	9.8%	13.7%
Humana Health Plans of Texas, Inc. (Dallas) ¹	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	5.0%	5.3%	43.1%	32.5%	14.1%	16.0%
Kaiser Permanente	6.8%	9.3%	42.7%	23.8%	17.4%	9.4%
Memorial Sisters of Charity HMO, L.L.C.	7.7%	10.9%	46.2%	26.3%	8.9%	11.2%
Mercy Health Plan of Missouri, Inc.	16.1%	15.2%	40.5%	17.0%	11.1%	17.5%
NYLCARE Health Plans of the Gulf Coast, Inc.	5.0%	9.5%	45.2%	27.1%	13.3%	13.8%
NYLCARE Health Plans of the Southwest, Inc.	5.7%	11.9%	48.2%	24.6%	9.5%	9.6%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	NA	NA	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	9.9%	10.7%	41.3%	25.6%	12.5%	13.8%
PacifiCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	6.8%	10.7%	46.5%	24.4%	11.6%	10.8%
PCA Health Plans of Texas, Inc.	5.7%	11.6%	43.8%	26.4%	12.4%	11.8%
Principal Health Care of Texas, Inc.	7.8%	9.0%	43.7%	27.9%	11.6%	12.9%
Prudential HealthCare - Austin/Central Texas ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - El Paso ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - Houston ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - North Texas ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - San Antonio ¹	NA	NA	NA	NA	NA	NA
Scott and White Health Plan	6.6%	11.9%	44.1%	25.3%	12.1%	14.0%
United HealthCare of Texas, Inc. (Austin/San Antonio)	6.7%	13.1%	43.3%	25.0%	11.9%	11.0%
United HealthCare of Texas, Inc. (Dallas)	7.1%	10.5%	50.5%	20.0%	11.9%	12.7%
United HealthCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
WellChoice ²	NA	NA	NA	NA	NA	NA

HEALTH SERVICES-Reasons why members visited a non-covered caregiver:

Plan	Visits to non-covered doctor in last 12 months	Did not know the visit would not be covered	Dissatisfied with plan doctors or care	Plan did not cover the service	Did not want to go through primary care doctor for referral
State Average	15.3%	7.5%	8.8%	18.3%	6.8%
Aetna US Healthcare Inc. (Houston) ¹	NA	NA	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	NA	NA	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	13.7%	8.8%	6.6%	18.7%	11.0%
Anthem Health Plan of Texas, Inc.	21.0%	19.4%	4.3%	15.8%	7.9%
CIGNA Healthcare of Texas, Inc. (Dallas)	12.3%	3.8%	9.3%	10.9%	3.3%
CIGNA Healthcare of Texas, Inc. (Houston)	10.3%	1.3%	1.3%	2.1%	1.6%
Community First Health Plans, Inc.	18.2%	6.7%	10.0%	14.2%	6.7%
Exclusive Healthcare, Inc. ¹	NA	NA	NA	NA	NA
FHP of El Paso	18.0%	13.1%	14.8%	21.3%	8.2%
FIRSTCARE Southwest Health Alliances (Abilene)	13.8%	6.6%	8.8%	24.1%	5.8%
FIRSTCARE Southwest Health Alliances (Amarillo)	13.8%	5.1%	8.0%	28.5%	8.8%
FIRSTCARE Southwest Health Alliances (Lubbock)	13.1%	9.7%	3.9%	28.2%	9.7%
FIRSTCARE Southwest Health Alliances (Waco)	15.7%	9.7%	9.7%	26.9%	5.2%
Foundation Health, A Texas Health Plan, Inc.	22.0%	10.2%	10.2%	21.8%	8.6%
Harris Methodist Health Plan	16.0%	3.2%	10.2%	27.4%	8.9%
Healthcare Partners HMO	18.4%	11.9%	6.8%	19.2%	5.1%
HMO Blue, Central Texas (Austin)	13.7%	10.3%	7.1%	23.8%	7.1%
HMO Blue, Central Texas (San Antonio)	16.5%	6.0%	11.0%	13.0%	9.0%
HMO Blue, El Paso	15.3%	6.1%	8.3%	12.1%	9.1%
HMO Blue, Northeast Texas	15.1%	5.9%	9.6%	14.1%	8.1%
HMO Blue, South Texas ²	NA	NA	NA	NA	NA
HMO Blue, Southeast Texas	15.1%	8.1%	9.6%	11.8%	7.4%
HMO Blue, Southwest Texas	17.5%	11.9%	8.0%	10.8%	9.1%
HMO Blue, West Texas	15.8%	8.5%	7.1%	18.4%	5.7%
HMO Texas, L.C. ²	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	10.6%	7.8%	10.4%	22.1%	3.9%
Humana Health Plans of Texas, Inc. (Dallas) ¹	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	13.9%	4.9%	9.8%	12.7%	6.9%
Kaiser Permanente	16.9%	1.8%	8.0%	30.4%	2.7%
Memorial Sisters of Charity HMO, L.L.C.	12.4%	5.9%	13.4%	21.0%	7.6%
Mercy Health Plan of Missouri, Inc.	17.2%	6.4%	7.7%	10.3%	5.1%
NYLCARE Health Plans of the Gulf Coast, Inc.	17.3%	3.1%	7.6%	13.5%	5.6%
NYLCARE Health Plans of the Southwest, Inc.	14.5%	5.3%	12.3%	18.7%	14.0%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	NA	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	19.3%	6.2%	7.9%	14.6%	7.9%
PacifiCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	15.9%	5.3%	8.2%	16.4%	6.4%
PCA Health Plans of Texas, Inc.	15.6%	5.1%	7.3%	19.7%	6.2%
Principal Health Care of Texas, Inc.	12.9%	12.3%	12.3%	20.8%	1.9%
Prudential HealthCare - Austin/Central Texas ¹	NA	NA	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	NA	NA	NA	NA	NA
Prudential HealthCare - El Paso ¹	NA	NA	NA	NA	NA
Prudential HealthCare - Houston ¹	NA	NA	NA	NA	NA
Prudential HealthCare - North Texas ¹	NA	NA	NA	NA	NA
Prudential HealthCare - San Antonio ¹	NA	NA	NA	NA	NA
Scott and White Health Plan	12.3%	2.6%	5.2%	27.7%	3.9%
United HealthCare of Texas, Inc. (Austin/San Antonio)	11.0%	8.9%	12.7%	22.8%	5.1%
United HealthCare of Texas, Inc. (Dallas)	15.5%	14.7%	11.8%	7.8%	7.8%
United HealthCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA
WellChoice ²	NA	NA	NA	NA	NA

HEALTH SERVICES (continued)-Reasons why members visited a non-covered caregiver:

Plan	Could not get services quickly enough through plan	The office or clinic is too far from home	Did not want to take generic drugs	Could not get a referral from plan	Wanted a doctor not in the plan
State Average	10.9%	3.2%	1.2%	4.6%	13.0%
Aetna US Healthcare Inc. (Houston) ¹	NA	NA	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	NA	NA	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	11.0%	3.3%	3.3%	5.5%	16.5%
Anthem Health Plan of Texas, Inc.	15.1%	2.2%	1.4%	2.9%	12.2%
CIGNA Healthcare of Texas, Inc. (Dallas)	7.7%	1.1%	0.5%	2.7%	10.4%
CIGNA Healthcare of Texas, Inc. (Houston)	1.1%	0.6%	0.5%	0.6%	3.0%
Community First Health Plans, Inc.	14.2%	3.3%	0.0%	6.7%	15.8%
Exclusive Healthcare, Inc. ¹	NA	NA	NA	NA	NA
FHP of El Paso	13.1%	1.6%	0.0%	1.6%	9.8%
FIRSTCARE Southwest Health Alliances (Abilene)	11.7%	5.1%	0.7%	5.8%	10.9%
FIRSTCARE Southwest Health Alliances (Amarillo)	8.0%	4.4%	1.5%	5.8%	10.9%
FIRSTCARE Southwest Health Alliances (Lubbock)	10.7%	2.9%	1.9%	2.9%	8.7%
FIRSTCARE Southwest Health Alliances (Waco)	11.9%	3.7%	1.5%	5.2%	10.4%
Foundation Health, A Texas Health Plan, Inc.	11.7%	2.5%	1.0%	3.6%	18.8%
Harris Methodist Health Plan	13.4%	1.3%	0.6%	8.3%	10.2%
Healthcare Partners HMO	9.6%	2.3%	2.3%	5.6%	16.9%
HMO Blue, Central Texas (Austin)	7.9%	2.4%	0.0%	4.0%	15.9%
HMO Blue, Central Texas (San Antonio)	10.0%	2.0%	2.0%	6.0%	12.0%
HMO Blue, El Paso	20.5%	3.8%	0.0%	5.3%	11.4%
HMO Blue, Northeast Texas	14.1%	7.4%	0.7%	5.9%	16.3%
HMO Blue, South Texas ²	NA	NA	NA	NA	NA
HMO Blue, Southeast Texas	9.6%	5.1%	3.7%	4.4%	17.6%
HMO Blue, Southwest Texas	14.8%	2.3%	0.0%	8.0%	14.2%
HMO Blue, West Texas	12.1%	2.8%	0.0%	6.4%	14.2%
HMO Texas, L.C. ²	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	10.4%	2.6%	0.0%	2.6%	10.4%
Humana Health Plans of Texas, Inc. (Dallas) ¹	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	11.8%	3.9%	2.0%	6.9%	9.8%
Kaiser Permanente	8.0%	5.4%	0.9%	0.9%	8.9%
Memorial Sisters of Charity HMO, L.L.C.	14.3%	2.5%	2.5%	1.7%	16.8%
Mercy Health Plan of Missouri, Inc.	11.5%	1.3%	0.0%	2.6%	20.5%
NYLCARE Health Plans of the Gulf Coast, Inc.	7.3%	3.5%	0.7%	2.4%	8.3%
NYLCARE Health Plans of the Southwest, Inc.	15.2%	6.4%	0.0%	6.4%	10.5%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	NA	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	10.7%	3.9%	2.8%	6.7%	20.2%
PacifiCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	9.9%	2.3%	1.2%	7.0%	15.2%
PCA Health Plans of Texas, Inc.	11.2%	2.2%	2.8%	10.1%	13.5%
Principal Health Care of Texas, Inc.	5.7%	2.8%	0.9%	3.8%	13.2%
Prudential HealthCare - Austin/Central Texas ¹	NA	NA	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	NA	NA	NA	NA	NA
Prudential HealthCare - El Paso ¹	NA	NA	NA	NA	NA
Prudential HealthCare - Houston ¹	NA	NA	NA	NA	NA
Prudential HealthCare - North Texas ¹	NA	NA	NA	NA	NA
Prudential HealthCare - San Antonio ¹	NA	NA	NA	NA	NA
Scott and White Health Plan	7.7%	3.2%	1.3%	1.9%	10.3%
United HealthCare of Texas, Inc. (Austin/San Antonio)	3.8%	5.1%	1.3%	3.8%	16.5%
United HealthCare of Texas, Inc. (Dallas)	14.7%	2.0%	2.0%	2.9%	10.8%
United HealthCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA
WellChoice ²	NA	NA	NA	NA	NA

HEALTH SERVICES (continued)-Reasons why members visited a non-covered caregiver:

Plan	Service was covered by other insurance	Some other reason	Does not apply to me
State Average	6.1%	12.8%	6.8%
Aetna US Healthcare Inc. (Houston) ¹	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	3.3%	12.1%	0.0%
Anthem Health Plan of Texas, Inc.	7.9%	10.1%	0.7%
CIGNA Healthcare of Texas, Inc. (Dallas)	5.5%	7.7%	37.2%
CIGNA Healthcare of Texas, Inc. (Houston)	1.1%	2.1%	84.6%
Community First Health Plans, Inc.	5.0%	15.8%	1.7%
Exclusive Healthcare, Inc. ¹	NA	NA	NA
FHP of El Paso	4.9%	8.2%	3.3%
FIRSTCARE Southwest Health Alliances (Abilene)	8.0%	10.2%	2.2%
FIRSTCARE Southwest Health Alliances (Amarillo)	7.3%	10.2%	1.5%
FIRSTCARE Southwest Health Alliances (Lubbock)	7.8%	11.7%	1.9%
FIRSTCARE Southwest Health Alliances (Waco)	8.2%	6.7%	0.7%
Foundation Health, A Texas Health Plan, Inc.	3.6%	8.1%	0.0%
Harris Methodist Health Plan	5.7%	9.6%	1.3%
Healthcare Partners HMO	6.2%	11.3%	2.8%
HMO Blue, Central Texas (Austin)	5.6%	12.7%	3.2%
HMO Blue, Central Texas (San Antonio)	7.0%	18.0%	4.0%
HMO Blue, El Paso	9.1%	9.8%	4.5%
HMO Blue, Northeast Texas	5.9%	6.7%	5.2%
HMO Blue, South Texas ²	NA	NA	NA
HMO Blue, Southeast Texas	5.9%	11.8%	5.1%
HMO Blue, Southwest Texas	8.0%	8.5%	4.5%
HMO Blue, West Texas	3.5%	15.6%	5.7%
HMO Texas, L.C. ²	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	9.1%	18.2%	2.6%
Humana Health Plans of Texas, Inc. (Dallas) ¹	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	8.8%	19.6%	2.9%
Kaiser Permanente	7.1%	24.1%	1.8%
Memorial Sisters of Charity HMO, L.L.C.	0.8%	10.1%	3.4%
Mercy Health Plan of Missouri, Inc.	9.0%	25.6%	0.0%
NYLCARE Health Plans of the Gulf Coast, Inc.	3.1%	7.3%	37.5%
NYLCARE Health Plans of the Southwest, Inc.	3.5%	7.6%	0.0%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	2.8%	15.2%	1.1%
PacifiCare of Texas, Inc. (Houston) ¹	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	8.8%	18.1%	1.2%
PCA Health Plans of Texas, Inc.	5.6%	13.5%	2.8%
Principal Health Care of Texas, Inc.	8.5%	15.1%	2.8%
Prudential HealthCare - Austin/Central Texas ¹	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	NA	NA	NA
Prudential HealthCare - El Paso ¹	NA	NA	NA
Prudential HealthCare - Houston ¹	NA	NA	NA
Prudential HealthCare - North Texas ¹	NA	NA	NA
Prudential HealthCare - San Antonio ¹	NA	NA	NA
Scott and White Health Plan	12.9%	20.6%	2.6%
United HealthCare of Texas, Inc. (Austin/San Antonio)	5.1%	13.9%	1.3%
United HealthCare of Texas, Inc. (Dallas)	3.9%	19.6%	2.0%
United HealthCare of Texas, Inc. (Houston) ¹	NA	NA	NA
WellChoice ²	NA	NA	NA

MANAGEMENT-Problems in arranging medical care:

	Delays in medical care while waiting for approval		Difficulty in receiving care you and your doctor believed was necessary		Not being able to get a referral to a specialist	
	big problem	not a problem	big problem	not a problem	big problem	not a problem
State Average	8.0%	76.9%	6.6%	81.3%	10.4%	76.3%
Aetna US Healthcare Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	NA	NA	NA	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	15.5%	71.4%	12.9%	71.9%	16.1%	68.9%
Anthem Health Plan of Texas, Inc.	14.2%	65.3%	9.6%	76.5%	13.3%	72.8%
CIGNA Healthcare of Texas, Inc. (Dallas)	8.0%	74.2%	4.9%	84.7%	9.3%	77.4%
CIGNA Healthcare of Texas, Inc. (Houston)	8.1%	77.1%	5.5%	80.5%	8.9%	78.9%
Community First Health Plans, Inc.	12.0%	66.4%	8.7%	78.6%	12.7%	73.0%
Exclusive Healthcare, Inc. ¹	NA	NA	NA	NA	NA	NA
FHP of El Paso	18.1%	58.3%	12.9%	69.8%	18.9%	66.0%
FIRSTCARE Southwest Health Alliances (Abilene)	4.6%	84.9%	4.9%	87.8%	6.7%	83.8%
FIRSTCARE Southwest Health Alliances (Amarillo)	4.5%	84.2%	5.5%	83.4%	6.7%	80.3%
FIRSTCARE Southwest Health Alliances (Lubbock)	3.7%	84.0%	3.5%	84.7%	3.9%	86.9%
FIRSTCARE Southwest Health Alliances (Waco)	5.0%	80.8%	4.4%	86.7%	8.7%	81.5%
Foundation Health, A Texas Health Plan, Inc.	13.3%	69.6%	11.7%	73.2%	11.9%	71.6%
Harris Methodist Health Plan	5.7%	76.4%	6.4%	80.1%	12.8%	71.5%
Healthcare Partners HMO	5.3%	81.4%	5.8%	83.8%	9.9%	76.6%
HMO Blue, Central Texas (Austin)	6.0%	80.9%	4.5%	85.7%	9.3%	78.3%
HMO Blue, Central Texas (San Antonio)	7.7%	78.2%	5.9%	83.2%	11.1%	75.6%
HMO Blue, El Paso	4.2%	82.7%	6.8%	71.0%	10.0%	73.4%
HMO Blue, Northeast Texas	8.7%	73.0%	6.2%	81.5%	13.0%	73.5%
HMO Blue, South Texas ²	NA	NA	NA	NA	NA	NA
HMO Blue, Southeast Texas	6.4%	78.7%	5.0%	84.4%	12.8%	74.6%
HMO Blue, Southwest Texas	3.8%	83.0%	3.4%	87.0%	9.5%	78.1%
HMO Blue, West Texas	4.7%	82.0%	3.8%	88.9%	7.9%	81.1%
HMO Texas, L.C. ²	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	10.7%	70.2%	9.3%	79.6%	12.3%	70.7%
Humana Health Plans of Texas, Inc. (Dallas) ¹	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	10.7%	68.5%	7.8%	74.6%	15.5%	67.3%
Kaiser Permanente	3.8%	88.0%	4.2%	86.5%	7.1%	81.9%
Memorial Sisters of Charity HMO, L.L.C.	11.3%	70.7%	9.0%	77.7%	9.9%	74.4%
Mercy Health Plan of Missouri, Inc.	3.8%	81.3%	3.8%	85.1%	9.1%	79.2%
NYLCARE Health Plans of the Gulf Coast, Inc.	9.8%	74.5%	6.1%	78.2%	13.0%	72.8%
NYLCARE Health Plans of the Southwest, Inc.	10.6%	73.5%	7.1%	77.7%	12.6%	73.2%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	NA	NA	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	16.4%	65.0%	12.4%	71.5%	16.8%	66.1%
PacifiCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	8.8%	76.4%	8.2%	79.9%	12.1%	72.1%
PCA Health Plans of Texas, Inc.	7.9%	76.6%	7.6%	82.1%	9.5%	77.3%
Principal Health Care of Texas, Inc.	5.1%	84.8%	5.5%	84.1%	6.8%	84.7%
Prudential HealthCare - Austin/Central Texas ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - El Paso ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - Houston ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - North Texas ¹	NA	NA	NA	NA	NA	NA
Prudential HealthCare - San Antonio ¹	NA	NA	NA	NA	NA	NA
Scott and White Health Plan	2.1%	90.7%	1.1%	93.4%	2.8%	85.1%
United HealthCare of Texas, Inc. (Austin/San Antonio)	4.0%	82.9%	4.7%	86.8%	5.2%	83.6%
United HealthCare of Texas, Inc. (Dallas)	6.3%	80.1%	6.1%	85.0%	6.0%	82.6%
United HealthCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA	NA	NA
WellChoice ²	NA	NA	NA	NA	NA	NA

MANAGEMENT-Waiting for an appointment*

Plan	% receiving routine care w/in 14 days of appt.	% seen for minor illness or injury w/in 3 days of appt.	% seen for chronic or ongoing condition w/in 14 days of appt.	% seen for urgent care same day appt. made
State Average	77.5%	81.7%	91.1%	77.6%
Aetna US Healthcare Inc. (Houston) ¹	NA	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	NA	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	74.5%	77.3%	90.4%	73.8%
Anthem Health Plan of Texas, Inc.	79.7%	80.4%	88.0%	76.6%
CIGNA Healthcare of Texas, Inc. (Dallas)	82.5%	85.0%	94.7%	80.6%
CIGNA Healthcare of Texas, Inc. (Houston)	89.3%	85.3%	94.5%	81.3%
Community First Health Plans, Inc.	76.5%	77.0%	86.6%	71.8%
Exclusive Healthcare, Inc. ¹	NA	NA	NA	NA
FHP of El Paso	72.0%	67.9%	81.3%	70.8%
FIRSTCARE Southwest Health Alliances (Abilene)	77.7%	86.3%	92.0%	81.5%
FIRSTCARE Southwest Health Alliances (Amarillo)	85.8%	89.7%	94.5%	88.2%
FIRSTCARE Southwest Health Alliances (Lubbock)	75.2%	87.1%	91.6%	82.7%
FIRSTCARE Southwest Health Alliances (Waco)	72.8%	80.6%	91.3%	75.5%
Foundation Health, A Texas Health Plan, Inc.	74.2%	80.5%	90.7%	78.8%
Harris Methodist Health Plan	69.0%	79.7%	91.5%	73.3%
Healthcare Partners HMO	79.5%	81.2%	93.4%	80.3%
HMO Blue, Central Texas (Austin)	66.1%	85.2%	89.6%	76.1%
HMO Blue, Central Texas (San Antonio)	82.8%	78.8%	93.1%	69.7%
HMO Blue, El Paso	77.3%	66.3%	86.6%	67.7%
HMO Blue, Northeast Texas	79.2%	80.5%	94.9%	70.2%
HMO Blue, South Texas ²	NA	NA	NA	NA
HMO Blue, Southeast Texas	81.0%	84.0%	94.4%	77.6%
HMO Blue, Southwest Texas	80.5%	86.6%	91.7%	83.3%
HMO Blue, West Texas	81.5%	85.1%	91.4%	85.7%
HMO Texas, L.C. ²	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	90.3%	80.8%	94.0%	76.1%
Humana Health Plans of Texas, Inc. (Dallas) ¹	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	73.6%	78.8%	88.3%	72.3%
Kaiser Permanente	73.2%	91.8%	91.8%	91.1%
Memorial Sisters of Charity HMO, L.L.C.	83.0%	79.1%	90.4%	74.0%
Mercy Health Plan of Missouri, Inc.	91.4%	84.9%	96.3%	80.5%
NYLCARE Health Plans of the Gulf Coast, Inc.	79.1%	82.1%	92.6%	73.3%
NYLCARE Health Plans of the Southwest, Inc.	78.9%	83.0%	91.6%	75.5%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	NA	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	78.0%	80.0%	91.2%	72.9%
PacifiCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	69.0%	76.1%	89.3%	70.3%
PCA Health Plans of Texas, Inc.	67.1%	82.1%	91.5%	78.6%
Principal Health Care of Texas, Inc.	81.6%	82.2%	91.8%	81.4%
Prudential HealthCare - Austin/Central Texas ¹	NA	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	NA	NA	NA	NA
Prudential HealthCare - El Paso ¹	NA	NA	NA	NA
Prudential HealthCare - Houston ¹	NA	NA	NA	NA
Prudential HealthCare - North Texas ¹	NA	NA	NA	NA
Prudential HealthCare - San Antonio ¹	NA	NA	NA	NA
Scott and White Health Plan	54.9%	86.8%	82.1%	85.1%
United HealthCare of Texas, Inc. (Austin/San Antonio)	83.4%	83.9%	92.1%	81.0%
United HealthCare of Texas, Inc. (Dallas)	75.4%	83.4%	92.0%	79.4%
United HealthCare of Texas, Inc. (Houston) ¹	NA	NA	NA	NA
WellChoice ²	NA	NA	NA	NA

*Over the past 12 months, how many days did you usually have to wait between the time you made an appointment for care and the day you actually saw the provider.

MANAGEMENT-Waiting to talk to provider*

Plan	% receiving return call w/in 4 hours for information or advice	% waiting less than 30 min. after arrival for appt. to see provider	% always or usually seeing same provider for medical care
State Average	57.7%	62.2%	89.9%
Aetna US Healthcare Inc. (Houston) ¹	NA	NA	NA
Aetna US Healthcare Inc. (San Antonio) ²	NA	NA	NA
Aetna US Healthcare of North Texas Inc.	46.9%	68.7%	89.3%
Anthem Health Plan of Texas, Inc.	53.4%	54.3%	90.8%
CIGNA Healthcare of Texas, Inc. (Dallas)	53.1%	69.3%	89.3%
CIGNA Healthcare of Texas, Inc. (Houston)	55.9%	64.3%	90.6%
Community First Health Plans, Inc.	55.8%	58.3%	90.6%
Exclusive Healthcare, Inc. ¹	NA	NA	NA
FHP of El Paso	56.0%	31.1%	90.0%
FIRSTCARE Southwest Health Alliances (Abilene)	66.9%	61.6%	96.7%
FIRSTCARE Southwest Health Alliances (Amarillo)	61.6%	58.6%	95.0%
FIRSTCARE Southwest Health Alliances (Lubbock)	72.2%	63.6%	93.3%
FIRSTCARE Southwest Health Alliances (Waco)	55.1%	65.4%	92.7%
Foundation Health, A Texas Health Plan, Inc.	61.1%	63.3%	91.7%
Harris Methodist Health Plan	51.4%	62.0%	90.0%
Healthcare Partners HMO	55.3%	69.3%	91.3%
HMO Blue, Central Texas (Austin)	53.9%	78.2%	91.5%
HMO Blue, Central Texas (San Antonio)	50.4%	57.0%	89.3%
HMO Blue, El Paso	63.9%	39.1%	91.0%
HMO Blue, Northeast Texas	54.1%	68.2%	90.9%
HMO Blue, South Texas ²	NA	NA	NA
HMO Blue, Southeast Texas	59.1%	61.8%	88.4%
HMO Blue, Southwest Texas	62.9%	64.6%	93.6%
HMO Blue, West Texas	64.7%	62.9%	90.7%
HMO Texas, L.C. ²	NA	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	56.5%	52.3%	93.0%
Humana Health Plans of Texas, Inc. (Dallas) ¹	NA	NA	NA
Humana Health Plans of Texas, Inc. (Houston) ¹	NA	NA	NA
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	61.0%	67.4%	86.3%
Kaiser Permanente	70.8%	80.1%	76.4%
Memorial Sisters of Charity HMO, L.L.C.	56.2%	57.7%	90.5%
Mercy Health Plan of Missouri, Inc.	67.1%	35.4%	86.2%
NYLCARE Health Plans of the Gulf Coast, Inc.	50.7%	61.9%	85.9%
NYLCARE Health Plans of the Southwest, Inc.	50.8%	58.0%	86.5%
ONE Health Plan of Texas, Inc. (Dallas) ^{1,2}	NA	NA	NA
ONE Health Plan of Texas, Inc. (Houston) ¹	NA	NA	NA
PacifiCare of Texas, Inc. (Dallas)	53.8%	69.0%	88.4%
PacifiCare of Texas, Inc. (Houston) ¹	NA	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	56.8%	71.4%	87.0%
PCA Health Plans of Texas, Inc.	48.8%	71.2%	92.7%
Principal Health Care of Texas, Inc.	59.9%	53.7%	90.3%
Prudential HealthCare - Austin/Central Texas ¹	NA	NA	NA
Prudential HealthCare - Corpus Christi ¹	NA	NA	NA
Prudential HealthCare - El Paso, 1	NA	NA	NA
Prudential HealthCare - Houston, 1	NA	NA	NA
Prudential HealthCare - North Texas ¹	NA	NA	NA
Prudential HealthCare - San Antonio ¹	NA	NA	NA
Scott and White Health Plan	60.3%	81.0%	84.7%
United HealthCare of Texas, Inc. (Austin/San Antonio)	57.1%	65.2%	91.8%
United HealthCare of Texas, Inc. (Dallas)	57.8%	67.5%	90.6%
United HealthCare of Texas, Inc. (Houston) ¹	NA	NA	NA
WellChoice ²	NA	NA	NA

*Over the past 12 months, how long did it take your providers office to return your call for medical information or advice.

BOARD CERTIFICATION AND RESIDENCY COMPLETION (Primary Care Physicians and OB/GYNs)

Plan	Primary Care			OB/GYN		
	Number	% Board Certified	% Residency Completed	Number	% Board Certified	% Residency Completed
Aetna US Healthcare Inc. (Houston)	1,047	72.9%	NR	321	75.4%	NR
Aetna US Healthcare Inc. (San Antonio)	143	60.8%	NR	109	80.7%	NR
Aetna US Healthcare of North Texas Inc.	1,142	83.5%	NR	347	88.2%	NR
Anthem Health Plan of Texas, Inc.	3,791	51.6%	60.6%	771	61.2%	73.3%
CIGNA Healthcare of Texas, Inc. (Dallas)	985	80.3%	NR	344	84.6%	NR
CIGNA Healthcare of Texas, Inc. (Houston)	1,611	62.7%	NR	631	73.4%	NR
Community First Health Plans, Inc.	178	64.0%	86.5%	104	79.8%	97.1%
Exclusive Healthcare, Inc.	NR	NR	NR	NR	NR	NR
FHP of El Paso	95	71.6%	73.7%	32	62.5%	71.9%
FIRSTCARE Southwest Health Alliances (Abilene)	115	73.9%	74.8%	18	83.3%	83.3%
FIRSTCARE Southwest Health Alliances (Amarillo)	115	60.0%	68.7%	37	56.8%	62.2%
FIRSTCARE Southwest Health Alliances (Lubbock)	205	62.9%	66.3%	67	52.2%	53.7%
FIRSTCARE Southwest Health Alliances (Waco)	101	85.1%	88.1%	27	63.0%	63.0%
Foundation Health, A Texas Health Plan, Inc.	1,454	56.5%	0.0%	704	83.5%	0.0%
Harris Methodist Health Plan	1,648	75.7%	85.4%	504	80.0%	91.5%
Healthcare Partners HMO	182	73.6%	91.2%	35	71.4%	100.0%
HMO Blue, Central Texas (Austin)	269	84.4%	95.5%	77	85.7%	97.4%
HMO Blue, Central Texas (San Antonio)	90	63.3%	85.6%	41	78.0%	95.1%
HMO Blue, El Paso	48	64.6%	NR	14	71.4%	NR
HMO Blue, Northeast Texas	764	79.3%	NR	214	86.4%	NR
HMO Blue, South Texas	110	66.4%	NR	31	74.2%	NR
HMO Blue, Southeast Texas	594	70.4%	NR	152	67.1%	NR
HMO Blue, Southwest Texas	227	69.2%	NR	48	66.7%	NR
HMO Blue, West Texas	256	66.4%	NR	42	59.5%	NR
HMO Texas, L.C.	369	56.6%	76.4%	87	67.8%	95.4%
Humana Health Plans of Texas, Inc. (Corpus Christi)	213	60.6%	88.3%	46	67.4%	100.0%
Humana Health Plans of Texas, Inc. (Dallas)	330	74.2%	86.7%	174	81.0%	94.3%
Humana Health Plans of Texas, Inc. (Houston)	204	65.2%	90.7%	111	74.8%	98.2%
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	578	72.5%	88.8%	226	75.2%	92.0%
Kaiser Permanente	61	88.5%	100.0%	16	87.5%	100.0%
Memorial Sisters of Charity HMO, L.L.C.	771	57.7%	66.9%	178	56.7%	70.8%
Mercy Health Plan of Missouri, Inc.	63	17.5%	NR	75	32.0%	NR
NYLCARE Health Plans of the Gulf Coast, Inc.	2,015	66.2%	74.9%	517	73.7%	83.2%
NYLCARE Health Plans of the Southwest, Inc.	1,290	77.9%	91.1%	421	84.3%	95.0%
ONE Health Plan of Texas, Inc. (Dallas)	675	65.2%	NR	200	82.5%	NR
ONE Health Plan of Texas, Inc. (Houston)	677	57.8%	NR	142	64.8%	NR
PacifiCare of Texas, Inc. (Dallas)	817	73.6%	80.2%	239	80.8%	84.5%
PacifiCare of Texas, Inc. (Houston)	939	68.1%	74.3%	214	74.3%	78.5%
PacifiCare of Texas, Inc. (San Antonio)	255	72.9%	77.6%	56	76.8%	80.4%
PCA Health Plans of Texas, Inc.	2,893	66.5%	97.0%	787	75.6%	100.0%
Principal Health Care of Texas, Inc.	415	55.9%	85.8%	113	43.4%	96.5%
Prudential HealthCare - Austin/Central Texas	NR	NR	NR	NR	NR	NR
Prudential HealthCare - Corpus Christi	NR	NR	NR	NR	NR	NR
Prudential HealthCare - El Paso	137	78.1%	91.2%	47	57.4%	87.2%
Prudential HealthCare - Houston	NR	NR	NR	NR	NR	NR
Prudential HealthCare - North Texas	1,202	78.0%	87.7%	421	76.2%	91.2%
Prudential HealthCare - San Antonio	NR	NR	NR	NR	NR	NR
Scott and White Health Plan	208	91.3%	100.0%	31	80.6%	100.0%
United HealthCare of Texas, Inc. (Austin/San Antonio)	NR	NR	NR	NR	NR	NR
United HealthCare of Texas, Inc. (Dallas)	NR	NR	NR	NR	NR	NR
United HealthCare of Texas, Inc. (Houston)	NR	NR	NR	NR	NR	NR
WellChoice	319	69.6%	78.4%	110	67.3%	79.1%

BOARD CERTIFICATION AND RESIDENCY COMPLETION (Pediatric Specialists and Geriatricians)

Plan	Pediatric Specialist			Geriatricians		
	Number	% Board Certified	% Residency Completed	Number	% Board Certified	% Residency Completed
Aetna US Healthcare Inc. (Houston)	105	82.9%	NR	8	75.0%	NR
Aetna US Healthcare Inc. (San Antonio)	47	63.8%	NR	0	NA	NR
Aetna US Healthcare of North Texas Inc.	164	77.4%	NR	10	80.0%	NR
Anthem Health Plan of Texas, Inc.	286	43.0%	46.9%	29	58.6%	62.1%
CIGNA Healthcare of Texas, Inc. (Dallas)	103	76.7%	NR	1	0.0%	NR
CIGNA Healthcare of Texas, Inc. (Houston)	176	64.2%	NR	5	100.0%	NR
Community First Health Plans, Inc.	37	94.6%	97.3%	1	100.0%	100.0%
Exclusive Healthcare, Inc.	NR	NR	NR	NR	NR	NR
FHP of El Paso	12	58.3%	66.7%	0	NA	NA
FIRSTCARE Southwest Health Alliances (Abilene)	31	83.9%	87.1%	0	NA	NA
FIRSTCARE Southwest Health Alliances (Amarillo)	66	78.8%	78.8%	5	100.0%	100.0%
FIRSTCARE Southwest Health Alliances (Lubbock)	86	60.5%	62.8%	4	75.0%	75.0%
FIRSTCARE Southwest Health Alliances (Waco)	22	68.2%	72.7%	0	NA	NA
Foundation Health, A Texas Health Plan, Inc.	73	83.6%	0.0%	4	75.0%	0.0%
Harris Methodist Health Plan	126	84.1%	91.3%	4	100.0%	100.0%
Healthcare Partners HMO	5	100.0%	100.0%	0	NA	NA
HMO Blue, Central Texas (Austin)	35	97.1%	100.0%	0	NA	NA
HMO Blue, Central Texas (San Antonio)	5	100.0%	100.0%	NA	NA	NA
HMO Blue, El Paso	13	84.6%	NR	0	NA	NR
HMO Blue, Northeast Texas	76	92.1%	NR	0	NA	NR
HMO Blue, South Texas	13	76.9%	NR	1	100.0%	NR
HMO Blue, Southeast Texas	151	78.8%	NR	1	100.0%	NR
HMO Blue, Southwest Texas	70	78.6%	NR	0	NA	NR
HMO Blue, West Texas	27	100.0%	NR	0	NA	NR
HMO Texas, L.C.	12	83.3%	100.0%	0	NA	NA
Humana Health Plans of Texas, Inc. (Corpus Christi)	20	50.0%	80.0%	3	66.7%	66.7%
Humana Health Plans of Texas, Inc. (Dallas)	32	62.5%	93.8%	2	100.0%	100.0%
Humana Health Plans of Texas, Inc. (Houston)	12	66.7%	100.0%	4	75.0%	100.0%
Humana Health Plans of Texas, Inc. (San Antonio/Austin)	77	68.8%	93.5%	4	75.0%	75.0%
Kaiser Permanente	49	65.3%	83.7%	1	100.0%	100.0%
Memorial Sisters of Charity HMO, L.L.C.	219	62.6%	62.6%	16	56.3%	56.3%
Mercy Health Plan of Missouri, Inc.	47	34.0%	NR	3	33.3%	NR
NYLCARE Health Plans of the Gulf Coast, Inc.	529	73.2%	75.4%	6	66.7%	66.7%
NYLCARE Health Plans of the Southwest, Inc.	209	88.0%	90.4%	0	NA	NA
ONE Health Plan of Texas, Inc. (Dallas)	117	76.1%	NR	2	100.0%	NR
ONE Health Plan of Texas, Inc. (Houston)	63	71.4%	NR	4	25.0%	NR
PacifiCare of Texas, Inc. (Dallas)	104	66.3%	73.1%	2	100.0%	100.0%
PacifiCare of Texas, Inc. (Houston)	57	75.4%	84.2%	0	NA	NA
PacifiCare of Texas, Inc. (San Antonio)	29	65.5%	69.0%	0	NA	NA
PCA Health Plans of Texas, Inc.	242	88.8%	100.0%	0	NA	NA
Principal Health Care of Texas, Inc.	35	54.3%	100.0%	5	20.0%	80.0%
Prudential HealthCare - Austin/Central Texas	NR	NR	NR	NR	NR	NR
Prudential HealthCare - Corpus Christi	NR	NR	NR	NR	NR	NR
Prudential HealthCare - El Paso	12	75.0%	91.7%	0	NA	NA
Prudential HealthCare - Houston	NR	NR	NR	NR	NR	NR
Prudential HealthCare - North Texas	73	80.8%	87.7%	0	NA	NA
Prudential HealthCare - San Antonio	NR	NR	NR	NR	NR	NR
Scott and White Health Plan	19	100.0%	100.0%	0		
United HealthCare of Texas, Inc. (Austin/San Antonio)	NR	NR	NR	NR	NR	NR
United HealthCare of Texas, Inc. (Dallas)	NR	NR	NR	NR	NR	NR
United HealthCare of Texas, Inc. (Houston)	NR	NR	NR	NR	NR	NR
WellChoice	25	100.0%	100.0%	40	100.0%	100.0%

TECHNICAL APPENDIX

- Methods and Statistical Issues
- HEDIS Effectiveness of Care
Technical Specifications
- HEDIS Measures
- Health Plan Auditors

Methods and Statistical Issues

In order to accommodate differences in HMO data systems and technical capabilities, HEDIS 3.0/1998 gives plans a choice to use either an administrative records technique or a hybrid method to calculate many of the performance measures reported by *Straight Talk* for the effectiveness of care, access/availability of care, and use of services domains. The administrative records approach entails a two step process in which all records in a health plan's administrative database are queried to determine the denominator population and then the selected records are reviewed for inclusion in the numerator. The hybrid method, on the other hand, is sample driven, requiring random selection of enrollees to form the denominator followed by examination of administrative and medical records for evidence of a numerator event.

A third data gathering and analysis technique, survey research, is used for the member satisfaction domain. The standardized survey instrument employed for HEDIS 3.0 is administered through the mail and asks consumers to rate various aspects of their health plan performance, often using a Likert type scaling system (e.g., poor, fair, good, very good, excellent). HEDIS requires health plans to individually contract with a third-party research firm for all sampling and administration related to the survey. This is the final year of the current methodology. Beginning next year, HEDIS plans to adopt the Consumer Assessments of Health Plans Study (CAHPS), developed by the Agency for Health Care Policy and Research, to measure customer satisfaction.

HEDIS 3.0 requires continuous enrollment of members counted in rate denominators. Continuous enrollment criteria are rate specific, but typically, this condition is satisfied when an individual is an active plan member for the duration of a measurement, usually one year. One break in enrollment of up to 45 days per year is usually allowed to account for a change in employment.

HEDIS measures reported in *Straight Talk* meet rigorous standards for public release. THCIC required review of all health plan data submissions by an NCQA licensed auditor. Data not certified through this process are denoted in *Straight Talk* with an "NR" (Not Reportable). Other data meet NCQA audit standards but are suppressed due to statistical considerations. These situations, which include rates calculated from less than 30 denominator observations, results from surveys having a response rate of 25% or less, and results from surveys with a sampling frame of less than 500 individuals, are handled with an "NA" (Not Applicable).

Straight Talk reports a point estimate and a 95% confidence interval (CI) for effectiveness of care and customer satisfaction measures. Confidence intervals represent the effect that random variation is expected to have on statistics calculated from a sample of a population. For this report, the 95% CI means that 95 of 100 samples drawn from the denominator population would produce a value that is within the reported confidence interval limits. Statistical theory demonstrates that the width of the confidence interval

is determined by the amount of variability in sample responses and the size of the sample. The wider the confidence interval, the less precise the measure. Although confidence intervals are only appropriate for sample generated statistics, the HEDIS User's Group Methodology panel has determined that a plan's total enrollment is but a sample of a theoretically larger population. Therefore, all effectiveness of care measures, even those calculated from a plan's total count of eligibles, are reported with a confidence interval¹.

All measures reported with a confidence interval are also tested to determine if they differ significantly (95% probability) from the average of all HMOs in the state. A plan CI that does not include the average for all plans is strong evidence of statistical significance. However, a formal statistical test is still necessary to confirm the finding. HEDIS suggests the following formula for statistical significance testing:

$$(\text{Planrate} - \text{*Stateavg}) \pm 1.96 \sqrt{(\text{SE plan})^2 + (\text{SE *Stateavg})^2}$$

Where:

Planrate = rate reported for the plan

*Stateavg = unweighted mean for all plans in Texas minus the comparison plan

SE plan = standard error for the plan

SE *Stateavg = standard error for the average for all plans in Texas

The equation for a plan standard error (SE plan) is as follows:

$$\sqrt{\frac{p(1-p)}{m-1}}$$

Where:

m = number of members in the sample

p = plan rate

The standard error for all plans in Texas (minus the comparison plan) is calculated like this:

$$\sqrt{\frac{1}{n^2} \sum_i^n \frac{1}{m_i-1} p_i(1-p_i)}$$

Where:

n = number of plans with valid rates minus 1

i = a plan

m = number of members in the sample

p = plan rate

Rates are considered statistically significant if the interval produced by the above test does not include zero. *Straight Talk* reports measures with an equal sign (=) when plan performance is not rated as statistically different from the average of all plans in the state. Otherwise, the measure is reported as either higher (^) or lower (v) than the state average. Please keep in mind that higher does not always mean better. A high cesarean rate, for

1. Health Maintenance Organizations in Maryland: A Comprehensive Performance Report (1997), State of Maryland Health care Access and Cost Commission (HCACC).

example, may indicate below average performance at managing delivery.

Results of HEDIS statistical significance testing should be interpreted carefully as should any conclusions drawn from direct comparisons of plans. Statistical tests and confidence intervals account only for random or chance variations in measurement. HEDIS does not control for underlying differences in plan population characteristics such as age or health status. For some HEDIS measures, this lack of risk adjustment could lead readers to erroneously accept the proposition that apparent superior or inferior performance is due to quality of care when in fact it derives from a positive or negative case mix.

Straight Talk reports benchmarks from NCQA's *Quality Compass* and the U.S. Public Health Service's *Healthy People 2000* when available. *Quality Compass* statistics are based on HEDIS data voluntarily reported to NCQA by nearly 300 health plans throughout the country. NCQA intends *Quality Compass* to serve as a reference point for benefits managers, consultants, policy makers, and health plans.

Healthy People 2000 are national objectives for the improved health of all Americans set by the United States Public Health Service. *Healthy People 2000* standards are reported in *Straight Talk* because they are widely accepted as health improvement goals. However, readers should bear in mind that:

- (1) *Quality Compass* statistics reflect the performance of select HMOs at a recent point in time while *Healthy People 2000* goals are targets to shoot for by the year 2000;
- (2) *Quality Compass* statistics are for insured populations while *Healthy People 2000* goals are for the entire population, regardless of insurance status; and
- (3) precise definitions and methods used in HEDIS and *Healthy People 2000* vary for some measures.

HEDIS Effectiveness of Care Measure

Technical Specifications

Childhood Immunization Status: Combination 2 [pp 37-40, HEDIS 3.0/1998 Technical Specifications]

Eligibles for this measure include enrolled children who turned two years old during the reporting year, who were continuously enrolled for 12 months immediately preceding their second birthday (including members who have no more than one gap in enrollment of up to 45 days during the 12 months immediately preceding their second birthday), and who have received the following immunizations:

Four DTP or DTaP vaccinations (or an initial DTP or DTaP followed by at least three DTP, DTaP and/or DT) on or before the second birthday

Three polio (IPV or OPV) vaccinations on or before the second birthday

Two Hepatitis B vaccinations on or before the second birthday (with one of them falling between the sixth month and second birthdays)

One MMR on or between the first and second birthdays

Two H influenza type b vaccinations on or before the second birthday (with at least one of them falling between the first and second birthdays)

Adolescent Immunization Status: Second Dose of MMR [pp 41-44, HEDIS 3.0/1998 Technical Specifications]

Eligibles for this measure include enrolled children who turned 13 years old during the reporting year, who were continuously enrolled for 12 months immediately preceding their 13th birthday. Members with no more than one gap in enrollment of up to 45 days during the continuous enrollment period should be included in this measure.

Well Child Visits in the First 15 Months of Life [pp 143-145, HEDIS 3.0/1998 Technical Specifications]

The percentage of enrolled children who turned 15 months old during the reporting year, who were continuously enrolled in the plan from 31 days of age, and who received six or more well-child visits with a primary care provider during their first 15 months of life. Members with no more than one gap in enrollment of up to 45 days during the continuous enrollment period should be included in this measure.

Prenatal Care in the First Trimester [pp 55-59, HEDIS 3.0/1998 Technical Specifications]

The percentage of enrolled women who delivered a live birth during the reporting year, who were continuously enrolled for 280 days prior to delivery, and who had a prenatal care visit(s) on or between 176 to 280 days prior to delivery. Members who have had no more than one gap in enrollment of up to 45 days anytime on or between the day of delivery and 175 days prior to delivery are included in this measure. The 45 day gap may not occur anytime on or between 176 days to 280 days prior to delivery. The visit may be made to a midwife, OB provider, family practitioner, or other primary care provider so long as some form of prenatal care, procedure, or diagnosis can be documented (see page 59, HEDIS 3.0/1998 Technical Specifications).

Check up after delivery [pp 64-66, HEDIS 3.0/1998 Technical Specifications]

The percentage of enrolled women who delivered (a) live birth(s) during the reporting year who were continuously enrolled 56 days after delivery with no breaks in enrollment, who had a postpartum visit on or between 21 days and 56 days after delivery.

Cervical Cancer Screening
[pp 52-54, HEDIS 3.0/1998 Technical Specifications]

The percentage of enrolled women between the ages of 21 through 64 who were continuously enrolled during the reporting year and who received one or more Pap tests during the reporting year or the two years prior to the reporting year. Members who have had no more than one gap in enrollment of up to 45 days during the reporting year should be included in this measure.

Breast Cancer Screening
[pp 49-51, HEDIS 3.0/1998 Technical Specifications]

The percentage of enrolled women, ages 52 through 69 years, who were continuously enrolled during the reporting year and the preceding year and who had a mammogram during the reporting year or the preceding year. Members who had no more than one gap in enrollment of up to 45 days per year may be included in this measure.

Eye Exams for People with Diabetes
[pp 70-73, HEDIS 3.0/1998 Technical Specifications]

The percentage of members with Type I or Type II diabetes age 31 years and older who were continuously enrolled during the reporting year and who had a retinal examination during the reporting year. Members who had no more than one gap in enrollment of up to 45 days during the reporting year should be included in this measure.

Follow-up After Hospitalization for Mental Illness
[pp 75-77, HEDIS 3.0/1998 Technical Specifications]

The percentage of members age six years and older who were hospitalized for treatment of selected mental health disorders who were continuously enrolled without breaks for 30 days after discharge and who were seen on an ambulatory basis or were in day/night treatment with a mental health provider within 30 days of hospital discharge.

Advising Smokers to Quit
[pp 45-46, HEDIS 3.0/1998 Technical Specifications]

Of the enrolled current smokers or recent quitters, age 18 and older as of December 31 of the reporting year, who were continuously enrolled during the reporting year, and who were seen by a plan provider during the reporting year, the percentage who received advice to quit smoking during the reporting year from a plan provider. Members who have had no more than one gap in enrollment of up to 45 days during the reporting year should be included in this measure.

HEDIS Measures Used by THCIC

The following measures are a subset of HEDIS 3.0/1998 and were adopted by THCIC action on September 30, 1997. The measures were selected on their relevance to consumers and purchasers for informed decision making, for their meaningfulness as key indicators of health plan performance, for their ability to address a cross section of health concerns, and for their feasibility for reporting in this first year of mandatory reporting.

Effectiveness of Care Domain

- childhood immunization status: 2 year olds [pp 37-40, HEDIS 3.0/1998 Technical Specifications]

 - Antigen specific rates: Dpt, Ipv, Mmr, Hib, Hep B, VZV

 - Combined immunization rates:

 - Comb 1 - 4 DTP/DtaP, 3 OPV/1 IPV, 1 MMR, 2 Hep B, 1 Hib

 - Comb 2 - All of combination 1 + 2nd Hib

 - Comb 3 - All of combination 2 + 1 VZV

- adolescent immunization status [pp 41-43, HEDIS 3.0/1998 Technical Specifications]

 - Antigen specific rates: Mmr, Hep B, VZV

 - Combined immunization rate: All 3 of the above immunizations

- breast cancer screening

- cervical cancer screening

- prenatal care 1st trimester

- check-up after delivery

- eye exam for people w diabetes

- follow-up after hospitalization for mental illness

- advising smokers to quit

Access / Availability of Care Measures

- availability of primary care providers

- availability of behavior health care providers

- availability of ob/gyn providers

- availability of prenatal care providers

Health Plan Stability

- annual aggregate disenrollment rate

- turnover in providers

Use of Services

- well child visits in 1st 15 months of life

- inpatient utilization

 - general hospital/acute care

 - Cesarian section rate and vbac

Health Plan Descriptors

- Health Plan Information

 - board certification and residency completion

 - arrangements with public health, education and social service organizations

 - data on enrollment

 - member years of enrollment by age and sex

Accreditation

Member Satisfaction (response rates, length of coverage)

- Health services

- Health care and plan

HEALTH PLAN AUDITORS

Plan

Aetna US Healthcare Inc. (Houston)
 Aetna US Healthcare Inc. (San Antonio)
 Aetna US Healthcare of North Texas Inc.
 Anthem Health Plan of Texas, Inc.
 CIGNA Healthcare of Texas, Inc. (Dallas)
 CIGNA Healthcare of Texas, Inc. (Houston)
 Community First Health Plans, Inc.
 Exclusive Healthcare, Inc.
 FHP of El Paso
 Firstcare Southwest Health Alliances (Abilene)
 Firstcare Southwest Health Alliances (Amarillo)
 Firstcare Southwest Health Alliances (Lubbock)
 Firstcare Southwest Health Alliances (Waco)
 Foundation Health, A Texas Health Plan, Inc.
 Harris Methodist Health Plan
 Healthcare Partners HMO
 HMO Blue, Central Texas (Austin)
 HMO Blue, Central Texas (San Antonio)
 HMO Blue, El Paso
 HMO Blue, Northeast Texas
 HMO Blue, South Texas
 HMO Blue, Southeast Texas
 HMO Blue, Southwest Texas
 HMO Blue, West Texas
 HMO Texas, L.C.
 Humana Health Plans of Texas, Inc. (Corpus Christi)
 Humana Health Plans of Texas, Inc. (Dallas)
 Humana Health Plans of Texas, Inc. (Houston)
 Humana Health Plans of Texas, Inc. (San Antonio/Austin)
 Kaiser Permanente
 Memorial Sisters of Charity HMO, L.L.C.
 Mercy Health Plan of Missouri, Inc.
 NYLCARE Health Plans of the Gulf Coast, Inc.
 NYLCARE Health Plans of the Southwest, Inc.
 ONE Health Plan of Texas, Inc. (Dallas)
 ONE Health Plan of Texas, Inc. (Houston)
 PacifiCare of Texas, Inc. (Dallas)
 PacifiCare of Texas, Inc. (Houston)
 PacifiCare of Texas, Inc. (San Antonio)
 PCA Health Plans of Texas, Inc.
 Principal Health Care of Texas, Inc.
 Prudential HealthCare - Austin/Central Texas
 Prudential HealthCare - Corpus Christi
 Prudential HealthCare - El Paso
 Prudential HealthCare - Houston
 Prudential HealthCare - North Texas
 Prudential HealthCare - San Antonio
 Scott and White Health Plan
 United HealthCare of Texas, Inc. (Austin/San Antonio)
 United HealthCare of Texas, Inc. (Dallas)
 United HealthCare of Texas, Inc. (Houston)
 WellChoice

Auditor

Healthcare Research Associates
 Healthcare Research Associates
 Healthcare Research Associates
 Healthcare Research Associates
 IPRO
 IPRO
 Ernst & Young, LLP
 Healthcare Research Associates
 Healthcare Research Associates
 Coopers & Lybrand, LLP*
 Coopers & Lybrand, LLP*
 Coopers & Lybrand, LLP*
 Coopers & Lybrand, LLP*
 Deloitte & Touche, LLP
 Healthcare Research Associates
 Ernst & Young, LLP
 Healthcare Research Associates
 Healthcare Research Associates
 Healthcare Research Associates
 Healthcare Research Associates
 Healthcare Research Associates
 Healthcare Research Associates
 Healthcare Research Associates
 Healthcare Research Associates
 Healthcare Research Associates
 Coopers & Lybrand, LLP*
 Coopers & Lybrand, LLP*
 Coopers & Lybrand, LLP*
 Coopers & Lybrand, LLP*
 Coopers & Lybrand, LLP*
 MetaStar
 Pro-West
 Healthcare Research Associates
 Healthcare Research Associates
 Healthcare Research Associates
 Healthcare Research Associates
 Ernst & Young, LLP
 Ernst & Young, LLP
 Ernst & Young, LLP
 Coopers & Lybrand, LLP*
 Ernst & Young, LLP
 MEDSTAT
 MEDSTAT
 MEDSTAT
 MEDSTAT
 MEDSTAT
 MEDSTAT
 MEDSTAT
 Healthcare Research Associates
 Arthur Andersen, LLP
 Arthur Andersen, LLP
 Arthur Andersen, LLP
 Healthcare Research Associates

* As of 7/1/1998 PriceWaterhouseCoopers, LLP

We would like your feedback...

THCIC has attempted to anticipate the needs of employer purchasers, along with other potential users of this report. In the spirit of continuous quality improvement, we would very much appreciate your feedback. Included as the last page of this report is a form for use in sharing your experience of using this decision support tool. Please take the time to forward your feedback, or if you would prefer, we are happy to accept feedback via a phone call, fax, or email.

THCIC address information is at the bottom of the feedback form. We also encourage you to check our website on a regular basis. This is the primary resource for updated information on the plans, policies and procedures of the Texas Health Care Information Council.

Texas Health Care Information Council
4900 N. Lamar, Suit 3407
Austin, Texas 78751-2399
phone: (512) 424-6492 fax: (512) 424-6491
www.thcic.state.tx.us



Please provide the following information, along with anything else you would like to point out, and fax or send this form to the HMO Data Collection Program the Texas Health Care Information Council (note address info at bottom). Your assistance in providing this input is greatly appreciated.

Institution/Company Name:

Institution/Company Address:

City, State, Zip Code:

Institution/Company Website Address:

Administrator/CEO/Director Title:

Your Name:

Your Title:

Your Telephone Number:

Your Fax Number:

Your E-mail Address:

1. What I liked best about this report:

2. What I liked least about this report:

3. Changes I would suggest:

4. Questions that I have:

5. I would be willing to participate in a focus group to test THCIC materials:

Yes No

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